Tax Return Checklist

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Name:			Date of Birth				
Residential Address:							
Suburb				Post Co	ode		
Postal Address	As Above	Postal Address:					
Postal Suburb				Post Co	ode		
Mobile Phone			Other Phone	е			
e-mail Address	Year of Return						
Occupation:							
As the ATO will no	longer issue refu	und cheques, you m	ust provide you	ır account de	etails below:		
Branch BSB	Account Number						
Account Name							
Income Details							
1. Income Stateme	ments (PAYG Payment Summaries) Total number for processing				processing		
Salary and Wages, Paid Pare	ntal Leave, Youth Allowanc	e, Newstart, Sickness Allowance	, Pensions, Super Benef	its, Allowances, Ter	mination Payments, Lump Sum Payments		
2. Interest received	d from banks or b	uilding societies	Nil Inte	erest			
Bank	Account Number		Your Share of Interest		Tax Withheld by Bank		
Bank	Ac	count Number	Your Share of	Interest	Tax Withheld by Bank		
Bank	Ac	count Number	Your Share of	Interest	Tax Withheld by Bank		
3. Other Income Further		ed Funds, Foreign Interes tal / Business Income etc	st, Numb	Number of Documents attached			
Information or Details							

Please include details of any COVID or Disaster payment received

Deductions and Expenses

Please remember if you are salary sacrificing any expenses you can NOT claim a tax deduction

1. (Car	Expenses	- Not	including	1	Tonne	Utes /	/ Vans	/ Motorcyc	les
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Click here for ATO Information

There are two ways to claim:

a) You can claim up to 5000km based on 78 cents per km

How many business kms did you travel

(Please include the Make & Model below)

b) You can use the **Logbook Method**, where a complete and correct logbook has been kept Please enter your logbook percentage:

Please detail all expenditure:

Other Travel Expense Details

2. Uniform Expenses

Click here for ATO Information

Laundry claims are based on 50c per load when washing uniform items with other clothes, or \$1 per load when washing separately. Calculate your claim by using the weeks worked, and the number of loads - maximum \$150. E.g. 48 weeks x 2 loads x \$1 (washed separately) = \$96 *Please account for Covid-19 changes*

Please list details and amounts

3. Other Work Expenses

E.g. Sun Protection, Union Fees, Phone, Self Education, Home Office, Stationery, Subscriptions, Seminars, Books, Internet etc

Please list details and amounts

4. Gifts and Donations

Please list details and amounts

5. Other Deductions

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 $\hbox{E.g. Tax Agents Fees, Income Protection Insurance, Investment Loan interest etc}\\$

*** Remember you may now be able to claim after tax super contributions ***

Please list details and amounts

Other Importa	nt Information									
Private Health Insurance	Please attach	Please attach your end of year statement if you received one from your fund.								
HELP debt		SFSS debt								
Spouse & Childr	en's Details:	Together all year?	Yes No	If "No" Date Separated						
Spouse Name			Spouse	Date of Birth						
Taxable Income			Reportab	le Fringe Benefits						
Reportable Super				estment / ntal Loss						
Please provide yo	our Children's nam	ne, current age at 30	June, and total	income earned						
Further Inform	nation									
Please provide de	etails of any furthe	r information that ma	y be relevant to	your tax return	Attach information as required					
Child Support	I have made	a payment Ai	mount Paid							
		income received fo ation legislation as I		•	laims for deductions					
Full Name				Date						
		all receipts, Internet / car I d documents are organised			thin 48 hours of lodgement.					
Please indicate	your preferred m	ethod of contact:								
For Questions	e-mail	For Signing	e-mail							
	SMS		Post							
_										
Save	e your document usi	ing "Save As" under the	rile menu, and u	se your tull name	(asnieycarter.pdf)					

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