

TAX RETURN CHECKLIST

Each taxpayer must complete a separate checklist, upload it to Dropbox and email the link to team@tolevskypartners.com.au

New clients, please complete all personal details. Existing clients, only advise if there are any changes

GIVEN NAME: _____ MIDDLE NAME: _____

SURNAME: _____ DATE OF BIRTH: _____

TAX FILE NUMBER: _____ OCCUPATION: _____

ADDRESS: _____

MOBILE: _____

BANK ACCOUNT NAME*: _____

BANK BSB NUMBER*: _____ BANK ACC* NUMBER: _____

EMAIL ADDRESS: _____

NAMES OF DEPENDENT CHILDREN & D.O.B _____ NAME OF SPOUSE OR PARTNER & D.O.B _____

INCOME

ARE YOU AN EMPLOYEE? YES NO

Your PAYG income summaries from your employers will be available to Tolevsky Partners via the ATO portal, so you do not need to supply them.

SOLE TRADERS, COMPANIES OR TRUSTS

If you have a business or professional practice, please provide a copy of your Profit and Loss Statement and Balance Sheet. Note: This is not applicable if you are using Xero and have already given us access to your files.

INTEREST RECEIVED

NAME OF BANK	ACCOUNT NUMBER	TOTAL INTEREST RECEIVED \$	TFN WITHHOLDING \$	JOINT ACCOUNT?

DIVIDENDS

If you have received dividends, please summarise dividends received from each company. Do not send statements.

NAME / UNFRANKED \$	NAME / FRANKED \$	IMPUTATION CREDIT \$

DISTRIBUTIONS FROM MANAGED FUNDS

E.g. Vanguard ETF, BT funds, Merrill Lynch etc

Please provide Annual Tax Statement provided by fund manager.

CAPITAL GAINS

Did you sell any assets such as shares or property which were acquired after 20 September 1985?

YES NO

If yes, please provide the following details

ASSET SOLD & PRICE \$	ORIGINAL COST \$	NET GAIN \$

RENTAL INCOME

If you have a rental property, please complete the [Rental Property Statement checklist](#).

EMPLOYEE SHARE/OPTION SCHEME

Did you receive bonus shares/options from your current employer during 2020/2021?

YES NO

If yes, please provide the related correspondences/documents received from the employer.

DEDUCTIONS

Please ensure you can substantiate all claims with receipts. Do not send us your receipts.

WORK-RELATED CAR EXPENSES

Did you use your own car for business/work purposes through the year? YES NO

If yes, then please provide one of the following:

Log Book Method- (Ensure you have kept a log book for a continuous period of 12 weeks over the past 5 years)

Please complete the [Motor Vehicle checklist](#)

OR

Kilometres Method

You haven't kept a log book but use your car for work. Let us know how many km you would have travelled for work. The maximum the tax office allows you to claim is 5,000

Car Registration Number: _____

Kilometers: _____

WORK-RELATED TRAVEL EXPENSES

Did you incur any work-related travel expenses not reimbursed by your employer? YES NO

WORK-RELATED CLOTHING EXPENSES

Protective clothing _____

Uniform with a company logo _____

Occupation specific clothing _____

Laundry (up to \$150 without receipts) _____

WORK-RELATED SELF EDUCATION

Name of Course _____ Institution _____

How does it relate to your current employment/employer? _____

Fees (Excluding HECS/HELP debt) _____

Books/Stationery/Consumables _____

Travel _____

Internet Amount per month _____ Percentage used for work _____

Home Office Hour Hours per week _____ How many weeks _____

OTHER WORK-RELATED DEDUCTIONS

Union fees/Professional bodies
(List names and amounts) _____

Diary/Printing/Postage/Stationery _____

Books and Journals _____

Seminar costs _____

Sickness & Accident Insurance/
Income protection _____

Internet Amount per month _____ Percentage used for work _____

Home Office Hours from
01/07 to 30/06/ Hours per week _____ How many weeks _____

Mobile Phone Amount per month _____ Percentage used for work _____

Outdoor workers
(Sunglasses/Sunscreen/Hats) Amount _____ Percentage used for work _____

Tools & Equipment-Over \$300
(List dates & percentage used
or work purpose) _____

Journals and periodicals _____

Personal protective equipment e.g face masks _____

COVID test (e.g., Rapid Antigen Test kits) _____

Seminars and courses not at an educational institution (e.g., course fees, travel) _____

OTHER TYPES OF DEDUCTIONS

SUPERANNUATION CONTRIBUTIONS

Did you make personal concessional contributions to superannuation? If yes, please provide the amount for the financial year, the name of your fund, account number, Fund ABN and TFN. Note: Ensure you have provided your fund with a notice of intention to deduct the contribution, otherwise the ATO may disallow your deduction.

Cost of managing Tax Affairs _____

Interest and dividend deductions _____

Donations made to a Deductible Gift Recipient (DGR), please list the name and the amount donated. This includes School Building Fund.

NOT SURE IF SOMETHING IS DEDUCTIBLE?

Do you have any "other" tax deductions not mentioned above that you wish to claim? If you are not sure, of their deductibility, please list the items and amounts with a brief explanation and we can decide if they are tax-deductible.

ITEM	AMOUNT \$	EXPLANATION

TAX OFFSETS

PRIVATE HEALTH INSURANCE

Do you have private health insurance? YES NO

Please confirm that all your family members (including your spouse and children were covered by private health insurance hospital cover YES NO

SPOUSE OR PARTNERS TAXABLE INCOME*

(Includes same-sex couples)

Did you have a spouse/partner for the full financial year? YES NO

Does your spouse/partner receive any benefits from Centrelink? YES NO

If your spouse was not a client of Tolevsky Partners, what is their taxable income: \$ _____

Have you made superannuation contributions on behalf of your spouse? Please provide the amount for the financial year, the name of your fund and the membership number.

Please ensure that the information you have supplied is correct. The onus is on you, the taxpayer, to be able to substantiate the information provided

SIGNED: _____ **DATE:** _____