

TAX RETURN CHECKLIST

Build Your Business & Grow Your Wealth

Please complete this form and upload it to Dropbox and email the link to team@tolevskypartners.com.au			
Only complete this section if your details have changed:			
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 employer will be available.	ailable to Tolevsky Partners from the ATO. Do not need to supply		
Are you a business owner? YES NO			
If you are NOT using Xero, please provide a copy of your Profi	t and Loss Statement and Balance Sheet.		
BANK INTEREST RECEIVED			
If you have received bank interest it will automatically be ava	ilable to Tolevsky Partners from the ATO.		



DIVIDENDS	bulla four business & Grow four wealth
If you have received dividends this will automatically be available to Tolevsky Partners from the AT	·O.
DISTRIBUTIONS FROM MANAGED FUNDS	
E.g. Vanguard ETF, BT funds, Merrill Lynch.	
If you received distributions from Managed funds, lease provide Annual Tax Statement provided by fund manager.	
RENTAL PROPERTY INCOME	
If you have received income from a rental property, <u>please click</u> here to provide details.	
CAPITAL GAINS	
Did you sell any assets such as shares or property which were acquired after 20 September	er 1985?
YES NO NO	
If yes, please provide the following details:	

ASSET SALE AMOUNT	ORIGINAL COST PLUS PURCAHSE & SALE COSTS	NET CAPITAL GAIN



DEDUCTIONS

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If you are a business owner, do NOT complete the work-related deductions section because it should already be in the profit and loss statement for your business.

WORK-RELATED CAR EXPENSES	3		
Did you use your own car for work purposes the	nrough the year?	YES	NO
Please explain how you used your car for work	Κ.		
Which method of claiming car expenses do yo		wooke ever the poet E veers	
<u>Log book Method-</u> (Ensure you have kept a log	og book for a continuous period of 12 v	weeks over the past 5 years	;)
Please complete the Motor Vehicle checklist			
OR			
Kilometer's Method			
You haven't kept a logbook but use your car for	work, how many km you would have tr	avelled for work?	
Car Registration Number:			
Kilometers:			
WORK-RELATED CLOTHING EX	PENSES		
If you have specific work-related clothing, pleas	e provide details:		
Protective clothing			
Uniform with a company logo			
Occupation specific clothing			
Laundry (up to \$150 without receipts)			



WORK-RELATED SELF EDUCATION

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Name of Course	_Institution
How does it relate to your current employ	ment/employer?
Fees (Excluding HECS/HELP debt)	
Books/Stationery/Consumables	
Travel	
Home Office	Hours per week How many weeks
OTHER WORK-RELATED DED	UCTIONS
Union fees/Professional bodies (List names and amounts)	
Diary/Printing/Postage/Stationery	
Books and Journals	
Seminar costs	
Sickness & Accident Insurance/ Income protection	
HOME OFFICE EXPENSES	
If you have a <u>separate</u> room of your hor	me set aside used as a home office, please provide:
Internet Amount	Percentage used for work %
Power and heating Amount	Percentage used for work %
Mobile Phone Amount	Percentage used for work %
If you do NOT have <u>separate</u> room of yo the number of hours you worked from he	ur home set aside and do work from home, or do not have receipts please advise ome
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 r	nasks
Seminars and courses not at an educatio	nal institution (e.g., course fees, travel)



OTHER TYPES OF DEDUCTIOS

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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.
Tax Agent Fees paid to prepare your previous year tax return
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	ng your spouse	and children we	re 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	ar?		YES NO	
Does your spouse/partner receive any benefits from 0	Centrelink?		YES NO	
If your spouse was not a client of Tolevsky Partne	ers, what is th	eir taxable incor	ne:\$	
Have you made superannuation contributions on behal name of your fund and the membership number.	f of your spous	e? Please provido	e the amount for the financial yea	ar, the
Please provide any additional comments you wish	to make belov	v:		
Please ensure that the information you have supplied is conformation provided. Thank you in advance.	orrect. The on	us is on you, the t	axpayer, to be able to substantia	ate the
SIGNED:		DATED	 :	