

During peak tax periods our turnaround is 6-8 weeks from when we receive your documentation.

If your return is not required urgently, please indicate period that would be suitable:

Urgent
 4-6 Weeks
 6-8 Weeks
 8-10 Weeks
 Anytime before Due Date

GIVEN NAME: _____ MIDDLE NAME: _____

SURNAME: _____ DATE OF BIRTH: _____

TAX FILE NUMBER: _____ OCCUPATION: _____

ADDRESS: _____

HOME PHONE: _____ MOBILE: _____

ACCOUNT NAME*:

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

***COMPULSORY: Please supply spouse taxable income, include Reportable Fringe Benefits, Reportable Superannuation if the spouse is not a Investax Group Client.**

EMAIL ADDRESS: _____

NAMES OF DEPENDENT CHILDREN & D.O.B

NAME OF SPOUSE OR PARTNER & D.O.B
(Includes same sex couples) *

***COMPULSORY: Please supply spouse taxable income, include Reportable Fringe Benefits, Reportable Superannuation.**

INCOME

ARE YOU AN EMPLOYEE?

(Including pensions)

YES NO

If yes, your PAYG income summaries from your employers will be available via the ATO portal or MY GOV

OTHER INCOME (Includes any business income, director's fee, commissions etc)

INTEREST RECEIVED

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

DIVIDENDS

Please provide copies of dividend statements of Income received, including Dividend Reinvestment Plans (DRP)

NAME OF SHARES	NUMBER OF SHARES HELD	AMOUNT RECEIVED \$

TRUST AND PARTNERSHIPS

(Eg: BT funds, Vanguard, AXA etc) Name of trust or partnership -

Please provide **Annual Tax Statements**

CAPITAL GAIN

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

Applicable YES NO

If yes, please provide documentation of when it was purchased/cost and also documents on sale/funds received, etc.

RENTAL INCOME (including AIRBNB)

Please complete attached rental property statement at the back of this checklist.

EMPLOYEE SHARE/OPTION SCHEME

Did you receive bonus shares/options from your current employer during 2019/2020?

YES NO

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

ANY OTHER INCOME

(Any Income you have received in the financial year that does not fit into any of the above categories. Please provide details.) *Eg. Interest on any overseas bank accounts or any other foreign income received.*

Do you have any assets over \$50,000AUD outside of Australia? YES NO

DEDUCTIONS

Please ensure you are able to substantiate all claims, even if less than \$300.

MOTOR VEHICLE

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- Business % use (Please ensure you keep a log book for a continuous period of 12 weeks)

Please provide details of all expenses you incurred over the financial year including **fuel, repairs/maintenance, registration/Insurance** etc. In a spread sheet or itemised form and attach it to this checklist.

If you have a loan for the vehicle, please provide figures of your lease payments.

OR

Kilometres Method

You haven't kept a log book but use your car for work. Let us know how many kilometres you would have travelled for work. The maximum the tax office allows you to claim is 5000 Kilometres.

Car Registration Number: _____

Kilometres: _____

WORK UNIFORM

Do you wear: YES NO

- Protective clothing
- Uniform with a company logo
- Occupation specific clothing

If yes, were you out of pocket through the year for purchasing any new items. (If so please provide details) Laundering and dry cleaning of clothing listed above are claimable.

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 RELATION DEDUCTIONS

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

Diary/Printing/Postage/Stationery _____

Books and Journals _____

Seminar costs _____

Sickness & Accident Insurance/
Income protection _____
(Please supply a copy of the policy)

Internet Amount per month _____ Percentage used for work _____

Home Office Hours from
01/07/2020 to 30/06/2021 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) _____

OTHER

(Costs you incurred that was directly related to your job.)

Please provide details:

Income Protection Insurance YES NO If yes, how much did you pay \$ _____

GIFTS OR DONATIONS

Voluntary gifts of \$2 of more made to a Deductible Gift Recipient (DGR) Status Organization, please list the name of the organistaion and the amount donated. (This includes School Building Fund donations)

TAX OFFSETS

PRIVATE HEALTH INSURANCE

Do you have private health Insurance? YES NO

Please confirm 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

What was your spouse or partner's taxable income*: \$ _____

(Please supply a copy of their PAYG Summary/Group certificate)

*Compulsory

SUPERANNUATION

a) Please provide details of contributions you made to your superannuation for the financial year, if any.

b) Have you made superannuation contributions on behalf of your spouse?

OTHER

Any other information that we should be aware of: i.e. you are not entitled to Medicare Benefit, you are a student etc.

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

SIGNED: _____ DATE: _____

Please mail your completed forms and supporting documentation (copies of the originals are sufficient) to:



Investax Group

Suite 1/102 Level 1, 276 Pitt Street Sydney NSW 2000

Tel: 02 8651 8000 | Fax: 8213 9222

www.investax.com.au

A postage fee will be added to your invoice upon the return of bulky items.

Only rents received and expenses **paid** between 1 July 2019 and 30 June 2020

Owner Names & Ownership %:	
Address of Rental Property:	
Number of weeks property was rented this year:	

INCOME

Gross rental income	
Other rental related income	
Gross Rent	

EXPENSES

D Advertising for tenants	
E Body corporate fees (Strata Levies)	
F Borrowing expenses	
G Cleaning	
H Council Rates	
I Capital allowances (depreciation)	
J Gardening/lawn mowing	
K Insurance	
L Interest on loans	
M Land Tax	
N Legal fees	
O Pest control	
P Property agent fees/commission	
Q Repairs and maintenance (R & M)	
(for R & M purchases greater than \$300 need details)	
R Capital Work's Deduction (Building)	
S Stationery, telephone and postage	
T Travel expenses (Not allowed after 30/6/2017)	
U Water charges	
V Sundry rental expenses	
TOTAL EXPENSES	

NET RENT	
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Note new rules on depreciation claims apply on signing of contracts as of 9/5/17 7.30pm

For property purchased this financial year please provide the following:

- Settlement Sheet
- Bank Loan Offer
- First Bank Statement
- Transfer Title Documents
- First Page Of The Contract For Sale
- Depreciation Schedule (if any)