# III INVESTAX

## **Individual Information Checklist**

2021-2022

Investax Group

Please note that most of **2021-2022** tax returns are due for lodgment by **15 May 2023** (unless you have been informed otherwise). In order for us to complete your return by the due date, we will require your documentation no later than **1 March 2023**.

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 V	Veeks D	5-8 Weeks	□8-10 Week	ĸs	□ Anytime be	efore Due Date
GIVEN NAME	:			MIDDLE NAM	E:		
SURNAME:				DATE OF BIRT	ГН:		
TAX FILE NUN	ИBER:			OCCUPATION	l:		
ADDRESS:							
HOME PHON	E:			MOBILE:			
ACCOUNT NA	AME*:						
BANK BSB N	UMBER*:			BANK ACC* N	UMBER:		
EMAIL ADDR	ESS:						
NAMES OF D	EPENDEN	IT CHILDREN & D	.О.В	NAME OF SPO (Includes sam			O.B
					lude Rep	ortable Frin	oouse taxable ge Benefits,
INCOME							
<b>ARE YOU AN</b> (Including pe		EE?	YES	s No			
If yes, your PA	AYG incom	e summaries fro	m your employ	vers will be avail	able via t	he ATO portal	or MY GOV
OTHER INCO	ME (Includ	des any business	income, direct	or's fee, commi	ssions etc	c)	
INTEREST RE	CEIVED						
NAME OF	BANK	ACCOUNT NUN	I	AL INTEREST	TFN WI	THHOLDING \$	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) Nam	e of trust or partnership -	
Please provide Annual Tax Statement	s	
CAPITAL GAIN		
Did you sell any assets such as shares o	or property which were acquired after 2	0 September 1985?
Applicable	YES NO	
If yes, please provide documentation o	f when it was purchased/cost and also	documents on sale/funds received, etc.
RENTAL INCOME (including AIRBNB)		
	erty statement at the back of this check	dist.
EMPLOYEE SHARE/OPTION SCHEME		
Did you receive bonus shares/options	rom your current employer during 202	1/2022?
YES NO		
If yes, please provide the related corres	pondences/documents received from t	the employer.
ANY OTHER INCOME		
	inancial year that does not fit into any obank accounts or any other foreign in	
Do you have any assets over \$50,000	AUD outside of Australia?	YES NO

### **DEDUCTIONS**

Home Office Hour

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 f	following:		
Log Book Method- Business % use	Please ensure you keep a log book for a	a continuous period of 1:	2 weeks)
	you incurred over the financial year inc ad sheet or itemised form and attach it	=	intenance,
If you have a loan for the vehicle, pleas	se provide figures of your lease payme	nts.	
OR			
Kilometres Method			
	our car for work. Let us know how man e allows you to claim is 5000 Kilometre		l have travelled
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 Laundering and dry cleaning of clothi	the year for purchasing any new items ng listed above are claimable.	s. (If so please provide de	etails)
SELF EDUCATION			
Name of Course	Institution		
How does it relate to your current em	ployment/employer?		
Fees (Excluding <b>HECS/HELP</b> debt)			
Books/Stationery/Consumables			
Travel			
Internet	Amount per month I	Percentage used for wo	rk

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 Hours per week \_\_\_\_\_ How many weeks \_\_\_ 01/07/2020 to 30/06/2021 Mobile Phone Amount per month \_\_\_\_\_\_ Percentage used for work \_\_\_\_\_ Outdoor workers (Sunglasses/Sunscreen/Hats) \_\_\_\_ Percentage used for work \_\_\_ Amount \_ 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: YES $\square$ № П If yes, how much did you pay \$ \_\_\_\_\_ Income Protection Insurance **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 YES $\square$ № П Do you have private health Insurance? Please confirm all your family members (including your spouse and children were covered by private YES \_\_\_ NO | | health insurance hospital cover SPOUSE OR PARTNERS TAXABLE INCOME\* (Includes same sex couples) YES Did you have a spouse/partner for the full financial year? YES $\Box$ NO I

Does your spouse/partner receive any benefits from Centrelink?

What was your spouse or partne	r's taxable income*:	\$	
(Please supply a copy of their PA	YG Summary/Group certif	ificate)	
*Compulsory			
SUPERANNUATION			
a) Please provide details of contrik	outions you made to your s	superannuation for the financial year, if any.	
b) Have you made superannuatio	n contributions on behalf c	of your spouse?	
<u>OTHER</u>			
etc.		are not entitled to Medicare Benefit, you are a s	
	tion you have supplied is o	correct. The onus is on you the taxpayer to be on that you have supplied.	e able to /
SIGNED:	DAT	TE:	
Please mail your completed fo	orms and supporting docu	umentation (copies of the originals are suffic	cient) to:



## **Investax Group**

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



## **Individual Information Checklist**

2021-2022

Only rents received and expenses **paid** between 1 July 2021 and 30 June 2022

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	

### 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)