# Tax Return Checklist

# **END OF FINANCIAL YEAR 21/22**

In order for our accountants to prepare your Tax Return efficiently, please complete these questions to the best of your ability.

If you would prefer not to include some responses, please leave those fields blank and we can discuss these on the phone with you, once your form has been submitted.



Does your partner have

Personal Income Insurance?

#### YOUR DETAILS

Full Name (Tax Payer 1) Mobile Number Date of Birth Street address Suburb Post Code State E-mail Address Occupation Do you have Personal Are you an Australian Resident Do you have a current Will? Income Insurance? Partner Name (Tax Payer 2) Mobile Number Date of Birth E-mail Address Partner Occupation Separate Net Income

Does your partner

have a current Will?

## **2021/22 INCOME**

Resident

No

Is your partner an Australian

No

Did YOU receive a superannuation payout?		Did your PARTNER rece	Did your PARTNER receive a superannuation payout?		
Yes		Yes	Yes		
No		No	No		
Was YOUR super payout due to COVID19?		Was your PARTNER'S p	Was your PARTNER'S payout due to COVID19?		
Yes		Yes	Yes		
No		No			
Interest Received					
<b>#1</b> Interest paid to:	Bank	Account Number	Amount	TFN WH	
#2 Interest paid to:	Bank	Account Number	Amount	TFN WH	
#3 Interest paid to:	Bank	Account Number	Amount	TFN WH	
Dividends Received					
Dividends Received #1					
Company Name		Amount Unfranked	Amount Fully Franked		
Dividends paid to:		Date Paid	IMP Credit		
Dividends Received #2					
Company Name		Amount Unfranked	Amount Fully Franked		
Dividends paid to:		Date Paid	IMP Credit		
Please note: If you have addit have income from cryptocurrer please complete the additional conjunction with this form.	ncies; and/or your int	erest/dividends are shared wi	th your partner o	r other,	
Partnership / Trust Income					
Did YOU receive a Partnership / Trust Distribution?		Did your PARTNER red Distribution?	Did your PARTNER receive a Partnership / Trust Distribution?		
Yes		Yes			

No

No

#### **Capital Gains**

Did you or your partner sell shares/property or any other assets during the 21/22 year?

Yes, I did

Yes, my partner did

Yes, we sold joint assets

No

If yes, please give details:

#### **Business Schedule**

Did you or your partner receive a business income during the 21/22 year?

Yes, I did

Yes, my partner did

Yes, we both did

No

If yes, please attached the business schedule or include details below.

#### **2021/22 DEDUCTIONS**

#### **Car Deductions**

Did you use your car for work related travel? If yes, complete details relating to your vehicle.

Yes

No

Motor Vehicle Registration Number

Make / Model

Log Book % Work Related Total Number of KMS

Registration Costs \$

Fuel Expenses \$

Insurance Paid \$

Interest paid on loan \$

Repairs & Maintenance Expenses \$

## **Work Related Travel**

Trip #1 Expenses T

Travelling with:

Were travel records

maintained?

Yes

Airfare Costs

**Accommodation Costs** 

Parking Costs

Food and Beverage Costs

Reason for travel

Were travel records

Trip #2 Expenses Travelling with:

maintained?

Reason for travel

Yes

Airfare Costs

Accommodation Costs

**Parking Costs** 

Food and Beverage Costs

If you have additional work related travel expenses please attached a separate spreadsheet with further details.

#### **Uniform/Protective Clothing Expenses**

You:

**Uniform Costs \$** 

Protective Clothing Costs \$

Sunscreen/hats etc Costs \$

Your Partner:

**Uniform Costs \$** 

Protective Clothing Costs \$

Sunscreen/hats etc Costs \$

# **Self Education Expenses - Apprentices & Students**

You:

Course fees \$

Travel to study \$

Monthly Internet \$

Monthly % internet use

Light & Power - estimate hours per month spent studying

Stationary, software & computer \$

Your Partner:

Course fees \$

Travel to study \$

Monthly Internet \$

Monthly % internet use

Light & Power - estimate hours per month spent studying

Stationary, software & computer \$

Other Deductions: anything else you have bought/used for work

Home Office - You:

Mobile Mobile Work Internet Internet Work Light & Power - est Monthly \$ Use Monthly % Monthly \$ Use Monthly % hours per week Home Office - Your Partner: Mobile Work Mobile Internet Internet Work Light & Power - est Monthly \$ Use Monthly % Monthly \$ Use Monthly % hours per week Additional deductions: Please give details: Short courses / seminars **Tools** Union Fees **Professional Subscriptions** Other Claims <\$200<\$10 each? Gifts or donations #1 Donation / Gift Details Amount Donated by: #2 Donation / Gift Details Amount Donated by: #3 Donation / Gift Details Amount Donated by: **Cost of Managing Tax Affairs** Distance to Travel to Tax Agent (kms) Tax Agent Fee \$ **Personal Super Contributions** These are payments paid by you or your spouse. They are not paid by your employer or salary sacrificed. A Super Fund acknowledgement letter is required, dated before 30 June 2021. You \$ Your Partner \$ Insurances Do you have Private Health cover? Name of Fund: Type of Cover: # of dependent children Thank you for completing the STS Accounting Group Client Tax Return Checklist 2021/22. We look forward to discussing your return with you shortly.

If you have any questions regarding this form please call one of our expert accountants at Torquay: (03) 5261 2262
Winchelsea (03) 5267 2673

Please e-mail your completed form to **admin@surftax.com.au** and one of our expert accountants will be in touch with you shortly to finalise your Tax Return.

surftax.com.au