

PERSONAL INCOME



TAX RETURN

CHECKLIST

MRL Group Pty Ltd
Chartered Accountants.
Business Solutions.

PO Box 83 Kent Town
South Australia 5071

Year Ended 30 June 2019

This checklist is designed as a guide for the preparation of your personal income tax return(s). While not every item listed may apply to your situation, completing this checklist will ensure we have all the relevant information required to prepare your personal income tax return(s) quickly and efficiently.

Please complete the items which are relevant to your circumstances and send the checklist together with your documents to admin@mrlgroup.com.au or post to our address above.

When preparing the material below, please provide summaries of information where appropriate, and particularly where you have multiples of similar items or deduction claims. Any original documentation posted to us will be returned to you in due course.

After receiving your documentation, we will allocate your work to one of our professional team who if required, will contact you either during or upon completion of your work.

If your circumstances have changed since you last lodged a return with us, please complete Questions 1 – 3 in full, otherwise provide brief details and continue from Question 4.

If we have not acted for you previously – did a tax agent act for you in the prior year?

Yes No

If yes, please provide details of the tax agent.

Name _____

Address _____

Telephone No _____

Email Address _____

PERSONAL INFORMATION

1. Your Details

Name _____
Address _____

Telephone (Mobile) _____ (Hm) _____
E-Mail _____
Tax File Number _____ Date of Birth _____
Job Description/Title _____

2. Your Partner

Name _____
Address _____

Telephone (Mobile) _____ (Hm) _____
E-Mail _____
Tax File Number _____ Date of Birth _____
Job Description/Title _____

3. Dependent Children – under 25 years of age

Name of dependent Child 1 _____
Date of Birth _____

Name of dependent Child 2 _____
Date of Birth _____

4. Electronic Funds Transfer

The ATO will not process any refund without these details.

Account Name _____
BSB Number _____ Account Number _____

5. Do You Have Private Health Insurance?

Yes No

If yes, please provide your private health insurance Annual Statement for each adult listed on the policy.

If no statement is provided by your insurer, please provide:

Health insurer name _____ Policy number _____

Please circle: Family Couples Single

Please circle: Hospital & Extras Hospital only Ancillary only

Individuals or families on incomes above the Medicare levy surcharge thresholds, who do not have an appropriate level of private hospital cover, may be required to pay the Medicare Levy surcharge.

Please tick all boxes relevant to your circumstances and provide supporting documentation and/or summaries

INCOME

6. PAYG Payment Summaries

Employment income – We will access via the ATO on your behalf

Employment Termination Payment - We will access via the ATO on your behalf

Government benefits or pensions - We will access via the ATO on your behalf

Superannuation Income Stream – We will access via the ATO on your behalf

7. Interest Income

A **list** of interest paid to you from your bank account(s) at 30th June 2019.

8. Dividend Income

Please provide your dividend statements or alternatively supply the SRN/HIN numbers where we can access these statements on your behalf.

9. Disposal of Shares and/or Investments

A **list** of information of any shares or investments sold during the year. Details should include the date of the purchase, the number of units/shares purchased, price per unit, date of disposal, number of units sold, sale price per unit, any brokerage expenses incurred and any dividend reinvestment plan statements.

10. Partnership, Trust and Investment Distributions

Please provide supporting documentation, such as distribution statements and/or an Annual Tax Statement if available.

11. Rental Properties

A **summary**, with supporting documentation where relevant for:

- Purchase date and price of the property, please provide the settlement statement, this information to be supplied as new client or new property.
- If the property was sold during the year, please provide settlement statement for capital gains tax calculations

Managing the property:

- If managing yourself provide a detailed summary of Rental income and expenses incurred during the year:
Eg rates and taxes, body corporate fees, interest expenses on loans, repairs and maintenance and details of any capital purchases or improvements to the property
- If using a property manager: Real Estate Annual Statement showing all rental income and expenses

12. Business Activity or Other Income ABN_____

Please provide a summary of income and expenses. Also include detailed information of any asset purchases made for the purposes of carrying on your business along with Business Activity Statements (BAS) if applicable.

DEDUCTIONS

13. Work Related Motor Vehicle Expenses

Provide information listed below and a detailed **summary** of additional expenses, for example fuel, repairs and maintenance, registration, insurance, finance (interest only) if applicable.

Registration Number _____

Make and Model of vehicle _____

Total km's travelled _____ and total business km's _____

Date Purchased _____ Purchase Price _____

14. Work Related Travel Expenses

Provide details of nature and purpose of travel and parking expenses.

15. Work Related Uniform, Protective Clothing and Laundry Expenses

16. Work Related Self-Education Expenses

Provide details in relation to study directly related to current employment.

17. Other Work Related Expenses

These may include union and professional membership fees, subscription fees, home office expenses or details of significant purchases for work related purposes.

18. Interest and Dividend Expenses

Provide information relating to investment income.

19. Tax Deductible Donations

Provide a **list** of organisations and amounts donated.

20. Cost of Managing Taxation Affairs

Fees paid within the tax year in relation to your taxation affairs.

21. Employer and Non-Employer Superannuation Contributions

Claiming Personal Contributions

From 1st July 2017 all personal superannuation contributions are deductible. To do this, you must have notified your fund using the 'Notice of Intent to Claim a Deduction' form and received an acknowledgement from them.

Please advise if you are claiming any personal superannuation contributions for the tax year \$ _____

22. Income Protection Insurance

Provide your Annual Statement/Summary.

Note: Items not deductible include Life, Trauma and Critical Care insurance premiums.

DEDUCTIONS (Cont)

23. Details of any other deductions you think may be claimable

We will contact you to discuss if necessary.

TAX OFFSETS

24. Superannuation Contributions made on behalf of a Partner \$ _____

OTHER INFORMATION

25. Did you have a Higher Education Loan Program Account (HELP) or a Financial Supplement Loan Account? Yes No

The ATO no longer supplies individuals with an Annual Statement, however we will access this information on your behalf.

26. Partner Information

If we do not prepare a taxation return for your partner, please provide their taxable income by providing a copy of their Notice of Assessment.

27. Please provide any other details which may be helpful in the completion of your personal income tax return or any queries you may have.
