

# PERSONAL INCOME

## TAX RETURN

### CHECKLIST

**Year Ended 30 June 2020**

**MRL**

MRL Group Pty Ltd  
Chartered Accountants.  
Business Solutions.

PO Box 83 Kent Town  
South Australia 5071

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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](mailto: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 Title \_\_\_\_\_

## 2. Your Partner

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone (Mobile) \_\_\_\_\_ (Hm) \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Tax File Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Job 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 30<sup>th</sup> June 2020.

### **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.

### 17A. COVID-19 Working From Home

Were you required to work from home instead of your workplace as per the Australian Government's COVID-19 restrictions?

You may be eligible to claim \$0.80 per hour that covers items such as electricity for lighting, cooling or heating and running electronic items, gas heating, cleaning, telephone and internet costs, stationery and other consumables used in the course of your requirement to work at home.

If this applies, please note your average hours per week worked at home between 1<sup>st</sup> March – 30<sup>th</sup> June 2020. \_\_\_\_\_

### 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 1<sup>st</sup> 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 the amount 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.

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## 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.**

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