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 2020

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 acte	ed for you previously – did a tax agent act for you in the prior year?
Yes □	No □	
If yes, plea	se provi	de details of the tax agent.
Name		
Address		
Telephone	No	
Email Addr	ess	

PERSONAL INFORMATION

Ι.	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	
	Name of dependent Child 2	
4.	Electronic Funds Transfer	
	The ATO will not process any r	efund without these details.
	·	
		Account Number
5.	Do You Have Private Health	ı Insurance? Yes □ No □
	listed on the policy. If no statement is provided by	vate health insurance Annual Statement for each adu your insurer, please provide: Policy number
	Please circle: Family Couples	s Single
	Please circle: Hospital & Extras	s Hospital only Ancillary only
		mes above the Medicare levy surcharge thresholds, te level of private hospital cover, may be required to ge.

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 th 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, 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/o Annual Tax Statement if available.	r an
11.	Rental Properties	
	 A summary, with supporting documentation where relevant for: Purchase date and price of the property, please provide the settlement staten this information to be supplied as new client or new property. If the property was sold during the year, please provide settlement statement capital gains tax calculations 	
	 Managing the property: If managing yourself provide a detailed summary of Rental income and expension incurred during the year: Eg rates and taxes, body corporate fees, interest expenses on loans, repairs a maintenance and details of any capital purchases or improvements to the property If using a property manager: Real Estate Annual Statement showing all rentaincome and expenses 	ınd
12.	Business Activity or Other Income ABN	. 🗆
	Please provide a summary of income and expenses. Also include detailed inform 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 B	Expenses	
	for example fuel, repairs and ma only) if applicable.	and a detailed summary of additional expense intenance, registration, insurance, finance (intended)	
	Make and Model of vehicle		
	Total km's travelled	and total business km's	
	Date Purchased	Purchase Price	
14.	Work Related Travel Expense	s	
	Provide details of nature and pur	pose of travel and parking expenses.	
15.	Work Related Uniform, Protection	ctive Clothing and Laundry Expenses	
16.	Work Related Self-Education	Expenses	
	Provide details in relation to stud	ly directly related to current employment.	
17.	Other Work Related Expenses	5	
	•	ofessional membership fees, subscription fees, ificant purchases for work related purposes.	home
	Home office – hours per week w mobile costs can be applied if ap	orked at $0.52c$ per hour, internet, stationery & plicable prior to March 1^{st} 2020.	
17A.	. COVID-19 – Hourly Rate		
	Were you required to work from Australian Government's COVID-	home instead of your workplace as per the 19 restrictions?	
	as electricity and gas, telephone	Oc per hour that covers all work-related costs s and internet costs, stationery and other eciated equipment such as computers, phones	
	If this applies, please provide yo between 1 st March – 30 th June 20	ur average hours per week & weeks worked at	home
18.	Interest and Dividend Expens	ses	
	Provide information relating to in	evestment income loans or management fees p	aid.
19.	Tax Deductible Donations		
	Provide a list of organisations ar	nd amounts donated.	
20.	Cost of Managing Taxation Af	fairs	
	Fees paid within the tax year in	relation to your taxation affairs.	

DEDUCTIONS (Cont)

21.	Employer and Non-Employer Superannuation Contributions				
	Claiming Personal Contributions From $1^{\rm st}$ 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.				
23.	Details of any other deductions you think may be claimable				
	We will contact you to discuss if necessary.				
	X OFFSETS Superannuation Contributions made on behalf of a Partner \$				
24.	X OFFSETS Superannuation Contributions made on behalf of a Partner \$ HER INFORMATION				
24.	Superannuation Contributions made on behalf of a Partner \$ HER INFORMATION				
24. OTI	Superannuation Contributions made on behalf of a Partner \$ HER INFORMATION Did you have a Higher Education Loan Program Account (HELP) or a				
24. OT 25.	Superannuation Contributions made on behalf of a Partner \$ HER INFORMATION Did you have a Higher Education Loan Program Account (HELP) or a Financial Supplement Loan Account? The ATO no longer supplies individuals with an Annual Statement, however we				
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