

## 2020 TAX RETURN CHECKLIST AND INFORMATION PACK

The following checklist is provided as a guide only. Depending on your particular circumstances, you may be required to provide additional information not listed below. Please note that if the total claim for work related expenses exceeds \$300 you may need written evidence / receipts as per Australian Taxation Office substantiation rules. If you require written evidence / receipts, you must have these before you can make a claim.

Name: \_\_\_\_\_

Tax File Number: \_\_\_\_\_

1. Did you use a different Tax Agent last year? Yes  No

If "Yes", please provide former agent details below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

2. If you used a different Tax Agent last year what were the accounting fees you paid last year? \$\_\_\_\_\_

3. If you used a different Tax Agent last year have you provided a copy of your previous year's tax return and financial statements? Yes  No

### CHECKLIST OF DOCUMENTS YOU NEED TO PROVIDE

	Do I need to complete this form?	Yes, this item applies	Yes, I have completed this form and provided details
Form A – Personal Income	All clients must complete Form A	<input type="checkbox"/>	<input type="checkbox"/>
Form B – Investments	If you have investments such as shares or managed funds.	<input type="checkbox"/>	<input type="checkbox"/>
Form C – Personal Deductions	If you have work related deductions, such as union fees, protective clothing etc.	<input type="checkbox"/>	<input type="checkbox"/>
Form D – Motor Vehicle	If you have work related car expenses.	<input type="checkbox"/>	<input type="checkbox"/>
Form E – Depreciation	If you have purchased or disposed of any work related assets e.g. car, computer.	<input type="checkbox"/>	<input type="checkbox"/>
Form F – Self-Education Expenses	If you have work related self-education expenses.	<input type="checkbox"/>	<input type="checkbox"/>
Form G – Medicare Levy	Medicare Levy exemptions	<input type="checkbox"/>	<input type="checkbox"/>

#### Client Declaration

Read and sign the declaration after completing the information pack.

I declare that the information provided in this information pack is true and correct.

Client's signature: \_\_\_\_\_

Date: .....

## FORM A – PERSONAL INCOME

INFORMATION	Yes	No	Yes, I have provided details for this item
1. Did you receive any work related PAYG withholding summaries (Group Certificates)? If <b>Yes</b> , please provide the original ATO copy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. What is your main salary and wage occupation?	_____		
3. Did you receive any Centrelink payments (e.g., Newstart, Austudy, Pension)? If <b>Yes</b> , please provide the original ATO payment summary/s.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you make any payments of PAYG on an Instalment Activity Statement (IAS)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you receive an Eligible Termination Payment (ETP)? If <b>Yes</b> , please provide the ETP payment summary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a HELP debt (this includes HECS and PELS) or a Student Supplement Loan? If <b>Yes</b> , please provide the HELP or Loan statement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any other government debts, such as child support or FTB? If <b>Yes</b> , please provide details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did you receive any income from a:			
a. Distribution from a Partnership? (other than from a partnership return/s Pollock Partners is preparing). If <b>Yes</b> , please provide details of your share of the partnership income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Distribution as a beneficiary of a Trust? (other than from a return/s Pollock Partners is preparing). If <b>Yes</b> , please provide a copy of the trust distribution statement(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did you have private health fund insurance during the financial year? If <b>Yes</b> , please provide a copy of your annual fund statement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did you have any other tax offsets (e.g. spouse super contributions) during the financial year? If <b>Yes</b> , please provide details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did you receive any income from ride-share operations during the financial year (e.g., Uber, OLA etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Did you receive any income from AirBnB during the financial year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>For the following items, please provide the amount if applicable.</b>	<b>Yes</b>	<b>No</b>	<b>Amount</b>
13. Did you receive or were you credited with any interest over \$1.00 from any source e.g. banks, credit unions, term deposits or managed funds during the financial year? If <b>Yes</b> , please provide the amount.	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Did you make a personal after-tax contribution to a superannuation fund during the financial year, that you want to claim a tax deduction for? If <b>Yes</b> , please provide the amount and the notice from the fund confirming the contribution and claim to be made.	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Did you make any gifts or donations of \$2.00 or more to an approved charity? If <b>Yes</b> , please provide the total amount of donations.	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Do you have a partner? If <b>Yes</b> , please provide details of your partner's taxable income for 2020.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Please provide details of your partner's Reportable Fringe Benefits for 2020.			_____
Please provide details of your partner's Reportable Super for 2020			_____

## FORM B – INVESTMENTS

INFORMATION	Yes	No	Yes, I have provided details for this item
1. Did you receive any dividends during the financial year? If <b>Yes</b> , please provide the dividend statements or a list of dividends received during the financial year. Please note, if you are providing a list, ensure that you have separated the franked and unfranked dividend amounts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you receive a distribution from a managed fund? If <b>Yes</b> , please provide the managed fund statements including any guides.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Did you sell any shares or units in trusts during the financial year? If **Yes**, please provide the contract statement or complete the table below. Yes  No

Company	Number of shares	Date of Purchase	Cost of Purchase (including Brokerage)	Date of Sale	Proceeds of Sale (less brokerage)

4. Did you sell any personal use assets valued at over \$10,000 during the financial year? If **Yes**, please list details below. Items may include: Works of Art, Jewellery, Books, Coins, Stamps or Antiques. Yes  No

Details	Date of Purchase	Cost of Purchase (including brokerage)	Date of Sale	Proceeds of Sale (Less Brokerage)

5. Did you trade any cryptocurrency during the year? If **Yes**, please provide details of the trades you made. Yes  No

INFORMATION	Yes	No	Yes, I have provided details for this item
6. Did you borrow money to fund any investments? For example, through a margin loan or home equity loan. If <b>Yes</b> , please provide copies of the loan statements showing the interest paid during the year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## FORM C – PERSONAL DEDUCTIONS

There is no requirement to provide Pollock Partners with your receipts or original documents to support your claims for work expenses and tax offsets but you will be required to provide a break-up of these expenses so that an accurate claim can be made in your return.

**Please ensure that the amounts shown below are the work-related amounts only.**

1. Do you have any expenses related to salary and wages income?  
If **Yes**, please complete the table below.

**Yes**

**No**

INFORMATION / DOCUMENTS	Yes	No	Amount	
Union Fees and Subscriptions	<input type="checkbox"/>	<input type="checkbox"/>		
Overtime meal expenses at work	<input type="checkbox"/>	<input type="checkbox"/>		
Payments of levies to Strike Funds (if fund maintains/improves contributor's pay)	<input type="checkbox"/>	<input type="checkbox"/>		
Seminars, conferences, education workshops ( <b>not</b> Self-Education Expenses – Refer Form F)	<input type="checkbox"/>	<input type="checkbox"/>		
Books, Journals, Trade Magazines	<input type="checkbox"/>	<input type="checkbox"/>		
Tools and Equipment	<input type="checkbox"/>	<input type="checkbox"/>		
Computer Consumables	<input type="checkbox"/>	<input type="checkbox"/>		
Purchase of Uniforms and Protective Clothing	<input type="checkbox"/>	<input type="checkbox"/>		
Dry Cleaning / Home Laundry	<input type="checkbox"/>	<input type="checkbox"/>		
Sun Protection or COVID-19 Protection Expenses	<input type="checkbox"/>	<input type="checkbox"/>		
Depreciation Expenses (please complete Form E)	<input type="checkbox"/>	<input type="checkbox"/>		
Mobile Phone Expenses	<input type="checkbox"/>	<input type="checkbox"/>		
Home Phone (excluding internet)	<input type="checkbox"/>	<input type="checkbox"/>		
Travel (other than by car)	<input type="checkbox"/>	<input type="checkbox"/>		
Internet	<input type="checkbox"/>	<input type="checkbox"/>		
Other Expenses (e.g., income protection)	<input type="checkbox"/>	<input type="checkbox"/>		
Home Office Expenses	Total cost \$	Weeks used per year	Hours used per week	% Work related
(i) Home Office Running Expenses – You can claim \$0.52 cents per hour. From 1 March 2020 you may be able to claim \$0.80 cents per hour if you worked from home as a result of COVID-19.		_____ weeks	_____ hours	
(ii) Home Office Occupancy Expenses (only if your home is used as a place of business).				

## FORM D – MOTOR VEHICLE EXPENSES

1. Do you have any expenses related to the use of a motor vehicle/s for work purposes? If **Yes**, please provide details below. **Yes**  **No**

**Vehicle 1:** Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Owner's name: \_\_\_\_\_ Engine Capacity in Litres (e.g. 4.1): \_\_\_\_\_  
 Odometer Reading as at: 1/7/2019 \_\_\_\_\_ 30/6/2020 \_\_\_\_\_  
 Total kms for the year: \_\_\_\_\_ Estimated Business kms: \_\_\_\_\_  
 Fuel consumption per 100 kms: \_\_\_\_\_ Average price of fuel (\$): \_\_\_\_\_

Registration Number	Date Purchased	Cost Price

Date Sold	Sale Price

**Vehicle 2:** Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Owner's name: \_\_\_\_\_ Engine Capacity in Litres (e.g. 4.1): \_\_\_\_\_  
 Odometer Reading as at: 1/7/2019 \_\_\_\_\_ 30/6/2020 \_\_\_\_\_  
 Total kms for the year: \_\_\_\_\_ Estimated Business kms: \_\_\_\_\_  
 Fuel consumption per 100 kms: \_\_\_\_\_ Average price of fuel (\$): \_\_\_\_\_

Registration Number	Date Purchased	Cost Price

Date Sold	Sale Price

**Vehicle 3:** Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Owner's name: \_\_\_\_\_ Engine Capacity in Litres (e.g. 4.1): \_\_\_\_\_  
 Odometer Reading as at: 1/7/2019 \_\_\_\_\_ 30/6/2020 \_\_\_\_\_  
 Total kms for the year: \_\_\_\_\_ Estimated Business kms: \_\_\_\_\_  
 Fuel consumption per 100 kms: \_\_\_\_\_ Average price of fuel (\$): \_\_\_\_\_

Registration Number	Date Purchased	Cost Price

Date Sold	Sale Price

2. What method will you use / are you using?

**Vehicle 1**

**Vehicle 2**

**Vehicle 3**

(1) Log Book\*\*




(2) Set rate per kilometre




3. If you chose method (1) please complete the table below.

Item	Amount (Vehicle 1)	Amount (Vehicle 2)	Amount (Vehicle 3)
Fuel & Oil (actual):			
Fuel & Oil (estimate):	Pollock Partners to calculate	Pollock Partners to calculate	Pollock Partners to calculate
Registration:			
Insurance:			
Repairs and Maintenance:			
Services:			
Tyres:			
Interest:*			
Lease payments:*			
Depreciation (complete Form E):	Pollock Partners to calculate	Pollock Partners to calculate	Pollock Partners to calculate
Cleaning:			
Other:			

**\* In relation to interest and lease expenses, please provide copies of original finance documents if these have not already been provided.**

**\*\* In relation to using the log book method you must have a valid log book that has been kept for a minimum of 12 consecutive weeks within the past 5 years.**



## FORM F – SELF-EDUCATION EXPENSES

1. Do you have self-education expenses?  
 (Please note, the education must relate to your current income earning activity). If **Yes**, please complete the table below **Yes**  **No**

2. Name of course: \_\_\_\_\_

3. Please explain how this course relates to your current income earning activity: \_\_\_\_\_  
 \_\_\_\_\_

Type of Expense	Amount	
Student Union Fees		
Course Fees		
Textbooks		
Stationery & Photocopying		
Journals & Periodicals		
Car Expenses (please complete Form D – Motor Vehicle Expenses)		
Other Travel & Accommodation		
Computer Consumables		
Depreciation (please complete Form E)		
Repairs to Equipment		
Internet		
Home Phone (include Internet dial-up costs if applicable, other internet should be indicated above)		
Home Study Expenses - you must be able to show that your home is used for study purposes	Weeks used for study per year	Hours used for study per week
Electricity and other home office use	_____ weeks	_____ hours

Please provide details of any non-deductible self-education costs. These are costs that relate directly to your self-education, however, they are not allowable deductions for tax purposes.

Non-deductible Travel (e.g. travel to child care or the 2 <sup>nd</sup> leg of travel where you travel from work to <b>uni to home</b> )	
Child Care Costs	
Capital Costs of Self Education (e.g. purchased a computer)	
Other non deductible costs (e.g. meals while at Uni or college)	

## FORM G – MEDICARE LEVY

INFORMATION	Yes	No	Yes, I have provided details for this item
<p>1. Are you entitled to a <b>Medicare Levy exemption</b> or part exemption due to medical reasons (e.g., you were a blind pensioner; you received sickness allowance from Centrelink or you had a Gold Card from Veteran's Affairs)? If <b>Yes</b>, please provide the number of days you were exempt in the financial year. If you have documentation to support the exemption (e.g., a statement from Centrelink), please provide this.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Are you entitled to a <b>Medicare Levy exemption</b> or part exemption because you were a temporary resident and not entitled to Medicare benefits? If <b>Yes</b>, you will need to obtain a certificate from the Medicare Levy Exemption Certification Unit of Medicare Australia showing the number of days you were exempt during the financial year.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>