2020 PERSONAL INCOME TAX WORKSHEET

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TAXPAYER DETAILS** | | | | | |
| **Title** |  | | **Tax File Number** | |  |
| **Surname** |  | | **Date of Birth** | |  |
| **First Name** |  | | **Work Telephone** | | (     ) |
| **Other Name/s** |  | | **Mobile Telephone** | |  |
| **Preferred Name** |  | | **Home Telephone** | | (     ) |
| **Occupation** (not Title) |  | | | | |
| **Residential** |  | **Postal** | |  | |
| **Address** | **Address** | |
| **E-mail Address** |  | | | | |

**Mandatory Requirement:** The Australian Taxation Office requires the following information regarding your spouse. **If rdl.accountants is not preparing a return for your spouse** we require the following section to be completed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SPOUSE DETAILS** | | | | | |
| 1. Did your marital status change during the year: | |  | | | |
| 2. Full name of Spouse : | |  | | | |
| 3. Date of Birth of Spouse: | |  | | | |
| 4. Tax File Number of Spouse | |  | 9. Tax-free pensions & benefits-Spouse |  | |
| 5. Taxable Income of Spouse | |  | 10. Foreign income of Spouse |  | |
| 6. Reportable Fringe Benefits of Spouse | |  | 11. Reportable Employer Super Contributions |  | |
| 7. Net rental property losses of Spouse | |  | 12. Personal Deductible Super Contributions |  | |
| 8. Net financial investment losses of Spouse | |  |  |  | |
|  | | | | |
| **TAX REFUND BY ELECTRONIC FUNDS TRANSFER (EFT)** | | | | | |
| **BSB Number** (6 digits) |  | | | | |
| **Account Number** |  | | | | |
| **Account Name** |  | | | | |

**ACCEPTANCE OF TERMS OF ENGAGEMENT**

***Please note: We are unable to prepare income tax returns for clients who have not completed this authority.***

I hereby authorise rdl.accountants to prepare my income tax return for the year ended 30 June 2020 from the information that I have supplied and in accordance with my instructions. I have read and completed the 2020 Personal Income Worksheet, 2020 Income Tax Return Checklist and other worksheets that apply to my 2020 Income Tax Return. I also authorise the obtaining or verification of tax-related details from my financial advisor and/or my financial institutions should this be required for the purpose of preparing my 2020 income tax return. I understand the minimum fee for preparation of a tax return is $242.00 (incl GST).

**I declare that I have read and understood the terms of engagement.**

**Name: …………………………………………………………………..…**

**Dated: ………………………………………………………………..…… Signature: ………………………………………………………**

**Signature of Taxpayer**

Please note this form is provided as a guide only and is non-exhaustive. Please tick the relevant sections that apply to you and **attach all relevant supporting documents to the back of this checklist.**

Please also note that the ATO has introduced a “Deductions schedule” in the individual tax return. It is a mandatory schedule for tax agents to complete which will provide additional descriptions and amounts of expenses being claimed to the ATO. Please provide detailed expenses for all relevant tax deduction items.

INCOME

|  |  |  |
| --- | --- | --- |
| **SALARY & WAGES**  **Have you received all of your income summary statements? \*** | **Taxpayer**  Yes No | **Spouse**  Yes No |
| This includes:   * Payment Summaries (PAYG Summary) |  |  |
| * Employee Termination Payment Statements |  |  |
| * Annuity/Superannuation Income Stream Annual Tax Statement |  |  |
| * Paid Parental Leave |  |  |
| * Income summaries from overseas employment |  |  |
| * Other Government Allowances (e.g. Newstart, Youth Allowance)   *\* Employers operating under Single Touch Payroll are not obliged to issue payment summaries.* |  |  |
| **INTEREST INCOME**  **Have you received any interest on bank accounts or other investments?** | Yes No | Yes No |
| *If yes, please provide details of all accounts on which interest was received, the amount(s) received and if accounts are jointly or individually held.* |  |  |
|  |  |  |
| **PARTNERSHIP/TRUSTS INCOME**  **Did you receive any distributions from Trusts or Partnerships?** | Yes No | Yes No |
| *If yes, please provide the appropriate tax summaries and annual tax statements*. |  |  |
|  |  |  |
| **RENTAL INCOME**  **Do you own a rental property?** | Yes No | Yes No |
| *If yes, please complete the rental property worksheet.* |  |  |
| **DIVIDEND INCOME**  **Do you own any shares?** | Yes No | Yes No |
| *If yes, please provide the dividend statements for the year or details of total dividends received from each company for the year as follows:-* |  |  |
| * Unfranked Dividends |  |  |
| * Franked Dividends |  |  |
| * Franking/Imputation Credits |  |  |
| **SALE OF ASSETS**  **Did you sell any assets during the year that may give rise to a Capital Gain?** | **Taxpayer**  Yes No | **Spouse**  Yes No |
| (e.g. shares or a rental property.) |  |  |
| *If so, please complete the Capital Gains worksheet.*  *Further, if shares were sold and you received extra shares due to dividend reinvestment plans, this must also be included on the Capital Gains worksheet.* |  |  |
| **EMPLOYEE SHARE SCHEMES**  **Are you involved in any employee share schemes?** | Yes No | Yes No |
| *If yes, please provide all relevant documents including annual taxation statements.* |  |  |
| **OTHER INCOME**  **Did you receive any other income?**  If so, we need full details of the source and amount of income received such as:   * Australian Superannuation Lump Sum Payments * Bonuses from life insurance companies and friendly societies * Forestry Managed Investment Schemes * Income from Trading Organisation i.e. Sole Trader * Income from Overseas Sources (e.g. Bank Interest, Rental Income, Royalties, etc) * Income derived from participating in the sharing economy (e.g. Uber, Airbnb, Airtasker, etc.) * Transactions involving cryptocurrency (e.g. Bitcoin) * Income from First Home Super Saver (FHSS) scheme * Compensation received from financial institutions | Yes No | Yes No |

DEDUCTIONS

|  |  |  |
| --- | --- | --- |
| MOTOR VEHICLE | Taxpayer | Spouse |
| **Are you required by your employer to use your car for work?** | Yes No | Yes No |
| *If yes, please complete the Motor Vehicle Worksheet* |  |  |
|  |  |  |
| **Did you buy or sell a motor vehicle in this financial year, which was used for work?** | Yes No | Yes No |
| *If so, please provide relevant details.* |  |  |
| **TRAVEL** |  |  |
| **Did you incur any work related travel expenses?** | Yes No | Yes No |
| *If so, please provide a list of expenses incurred, such as accommodation, airline tickets or meals*. |  |  |
|  |  |  |
| **Please note that a diary must be kept if away from home for 6 nights or more and receipts should be supplied where possible.** |  |  |
| **CLOTHING** |  |  |
| **Did you incur any expenses in relation to uniforms or protective clothing (including the laundry/dry cleaning of these uniforms)?** | Yes No | Yes No |
| *If yes, please provide a list of these expenses.* |  |  |
| **SELF EDUCATION** |  |  |
| **Did you complete any courses which were directly related to your work?** | Yes No | Yes No |
| *If yes, please provide details on the type of course and expenses that were incurred.* |  |  |
|  |  |  |
| **HOME OFFICE** |  |  |
| **Did your employer require you to perform any work from home?** | Yes No | Yes No |
| *If yes, please estimate how many hours a week you work at home and provide a list of expenses related to this (e.g. stationery, books, electricity, gas).* |  |  |
| **Impact of COVID-19 on home office claims**  From 1 March 2020 until 30 June 2020, special arrangements are in place to make it easier for individuals to claim expenses incurred relating to working from home due to the COVID-19 pandemic.  *If you have incurred work-related expenses and have not been reimbursed by your employer, you can claim these expenses at a rate of 80 cents for each hour you work. You will need to have a record of the hours you have worked, such as a diary or timesheet, to use this method. Please provide relevant details.*  *Note that this claim covers all additional running expenses such as gas and electricity, cleaning expenses, phone and internet expenses, stationery, and decline in value of computers, devices and decline in value of and repairs of other capital items.* | No. of hours  Pre 1 March 2020        hours  Post 29 Feb 2020        hours | No. of hours  Pre 1 March 2020        hours  Post 29 Feb 2020        hours |
| **OTHERS** |  |  |
| **Did you have any other work related expenses?** | Yes No | Yes No |
| This includes: union fees, mobile phone bills, sickness & accident insurance, depreciation (professional library, tools, equipment), car parking, seminars & conferences, stationery, computer / internet, subscriptions, sun protection, or any other expenses |  |  |
|  |  |  |
| *If so, we require details of these expenses in summary form, or the actual receipts.* |  |  |
| **SUPERANNUATION** | **Taxpayer** | **Spouse** |
| **Do you make concessional (after-tax) contributions to a Superannuation Fund (not including amounts contributed by your employer)?** | Yes No | Yes No |
| *If yes, please provide acknowledgement from your superannuation that they have received your notice to claim the amount as a tax deduction.* |  |  |
| **LOANS** |  |  |
| **Did you take out any new loans / borrow for business or investment purposes?** | Yes No | Yes No |
| *If yes, we need details of the purpose of the loan, the loan statement(s), the term of the loan, application costs and other expenses paid to the bank re the loan*. |  |  |
| **DONATIONS** |  |  |
| **Did you make any donations of $2.00 or more to registered charities?** | Yes No | Yes No |
| *If yes, please provide a list of these donations.* |  |  |
| **TAX AGENT COSTS** |  |  |
| **Did you incur any other tax agent fees for preparing last year’s tax return?** | Yes No | Yes No |
| *If yes i.e. RDL did not prepare the return, please provide the amount and to whom it was paid*. |  |  |
| **OTHER INFORMATION** |  |  |
| **Do you have a study and/or training loan such as H.E.L.P., TSL, SSL etc. debt?** | Yes No | Yes No |
|  |  |  |
| *If yes, please provide us with a copy of the statement(s) or amount of debt outstanding.* |  |  |
|  |  |  |
| **Did you become a resident of Australia or cease being a resident of Australia during this financial year?** | Yes No | Yes No |
| *If yes, we need to know the date residency status changed and details of any income earned overseas while you were an Australian resident (please complete the 2020 Moving Overseas Foreign Income or 2020 Moving to Australia Foreign Earnings worksheets)* |  |  |

TAX OFFSETS

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| --- | --- | --- |
|  | **Taxpayer** | **Spouse** |
| **Did you have a spouse, relative or child (aged 16 years or over) that is unable to work due to invalidity or carer obligations?** | Yes No | Yes No |
| *If yes, please include the following information.* |  |  |
| 1. *Documents showing the eligible dependent who, due to invalidity, received:*  * *a disability support pension or a special needs disability support pension, or* * *an invalidity service pension* |  |  |
|  |  |  |
| 1. *Documents showing the carer received:*  * *a carer payment/allowance, or* * *wholly engage in providing care to an eligible dependant from (a).* |  |  |
| **Do you have any children?** | Yes No | Yes No |
| *If yes, please include details such as; full name, date of birth, number of nights under your care and any income received by these children.* |  |  |
| **Do you make Child support payments?**  *If yes, please include detail of amounts paid for the financial year.* | Yes No | Yes No |
| **MEDICAL EXPENSES** |  |  |
| **Medical expenses tax offset is no longer available from 1 July 2019 i.e. 2020 financial year onwards.** | N/A | N/A |
| **HEALTH INSURANCE** |  |  |
| **Did you contribute to any Private Health Insurance during the year?** | Yes No | Yes No |
| *If yes, please provide the annual statement from your health fund in regards to the rebate you may be entitled to.* |  |  |
| **SPOUSE SUPERANNUATION** |  |  |
| **Did you make any contributions to your spouse’s superannuation fund?** | Yes No | Yes No |
| *If yes, please include details of the amount of contributions and the taxable income of your spouse.* |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **GOVERNMENT PENSIONS** | **Taxpayer** | **Spouse** |
| **Do you receive any tax-free government pension?** | Yes No | Yes No |
| *If yes, please provide the total amount received in the financial year.* |  |  |
| **ZONE OR OVERSEAS FORCES REFUND** |  |  |
| **Do you work or live in a location which is classifies by the tax rules as a remote or isolated area?**  *If yes, please provide dates in remote area.* | Yes No | Yes No |

Others

|  |  |  |
| --- | --- | --- |
| **OVERSEAS ASSETS** |  |  |
| Did you own or have an interest in assets located outside Australia that had a total value of AUD$50,000 or more at any time during 2019/20?  *If yes, please provide details of the interest in assets.* | Yes No | Yes No |

Contact us on (03) 9878 1477 for an appointment.