

### **Individual Information Checklist**

2020-2021

Chan & Naylor

Please note that most individual 2020-21 tax returns are due for lodgment by 15 May 2022 (unless you have been informed otherwise). In order for us to complete your return by the due date, we will require your documentation no later than 1 March 2022.

During peak tax periods our turnaround is 6-8 weeks from when we receive your documentation.

If your return is not required urgently, please indicate which period that would be suitable for you:

□ Urgent	☐ 6-8 Weeks	□ 8-10 Weeks	☐ 10-15 Weeks	☐ Anytime before Due Date	
GIVEN NAME	<u></u>		MIDDLE NAME:		
SURNAME:			DATE OF BIRTH:		
TAX FILE NU	MBER:		OCCUPATION:		
ADDRESS:					
HOME PHON	NE:		MOBILE:		
BANK ACCO	UNT NAME*:				
BANK BSB N	UMBER*:		BANK ACC* NUMBE	ER:	
Superannua	tion if the spouse is	not a Chan and Nay	lor Client.	oortable Fringe Benefits, Reportabl	
NAMES OF DEPENDENT CHILDREN & D.O.B		REN & D.O.B	NAME OF SPOUSE OR PARTNER & D.O.B (Includes same sex couples) *		
				Please supply spouse taxable Reportable Fringe Benefits, rannuation.	
INCOME					
ARE YOU AN (Including pe	I EMPLOYEE? ensions)	YE	ES NO		
If yes, your P	AYG income summa	ries from your emplo	oyers will be available v	ia the ATO portal or MY GOV	
OTHER INCO	DME (Includes any b	usiness income, direc	ctor's fee, commissions	etc)	
INTEREST RI	ECEIVED				

NAME OF BANK	ACCOUNT NUMBER	TOTAL INTEREST RECEIVED \$	TFN WITHHOLDING \$	JOINT ACCOUNT?

### **DIVIDENDS**

Please provide copies of dividend statements of Income received, including Dividend Reinvestment Plans (DRP)

NAME OF SHARES	NUMBER OF SHARES HELD	AMOUNT RECEIVED \$
		L
TRUST AND PARTNERSHIPS		
(Eg: BT funds, Merrill Lynch, AXA etc) Na	ame of trust or partnership -	
Please provide <b>Annual Tax Statement</b>	5	
CAPITAL GAIN		
Did you sell any assets such as shares c	r property which were acquired after 2	0 September 1985?
Applicable	YES NO	
If yes, please provide documentation o	f when it was purchased/cost and also	documents on sale/funds received, etc
RENTAL INCOME (including AIRBNB)		
Please complete attached rental prope	rty statement checklist.	
EMPLOYEE SHARE/OPTION SCHEME		
Did you receive bonus shares/options f	rom your current employer during 202	0/2021?
YES NO		
If yes, please provide the related corres	pondences/documents received from t	the employer.
ANY OTHER INCOME		
(Any Income you have received in the f details.) <i>Eg. Interest on any overseas</i> i		
Do you have any assets over \$50,000	AUD outside of Australia?	YES NO

### **DEDUCTIONS**

Home Office Hour

Please ensure you are able to substantiate all claims, even if less than \$300.

MOTOR VEHICLE			
Did you use your own car for business,	/work purposes through the year?	YES 🗌	NO 🗌
If yes, then please provide one of the fo	ollowing:		
Log Book Method- Business % use	Please ensure you keep a log book fo	r a continuous period of	12 weeks)
Please provide details of all expenses y registration/Insurance etc. In a sprea			aintenance,
If you have a loan for the vehicle, pleas	se provide figures of your lease paym	ents.	
OR			
Kilometres Method			
You haven't kept a log book but use yo for work. The maximum the tax office		= = = = = = = = = = = = = = = = = = = =	d have travelled
Car Registration Number:			
Kilometres:			
WORK UNIFORM			
Do you wear:	№ □		
· Protective clothing			
· Uniform with a company logo			
· Occupation specific clothing			
If yes, were you out of pocket through Laundering and dry cleaning of clothin		ns. (If so please provide o	details)
SELF EDUCATION			
Name of Course	Institution		
How does it relate to your current emp	oloyment/employer?		
Fees (Excluding <b>HECS/HELP</b> debt)			
Books/Stationery/Consumables			
Travel			
Internet	Amount per month	Percentage used for wo	ork

Hours per week \_\_\_\_\_ How many weeks \_\_\_\_\_

## OTHER WORK RELATION DEDUCTIONS Union fees/Professional bodies (List names and amounts) Diary/Printing/Postage/Stationery Books and Journals Seminar costs Sickness & Accident Insurance/ Income protection (Please supply a copy of the policy Internet Amount per month\_\_\_\_\_\_ Percentage used for work \_\_\_\_\_ Home Office Hours from Hours per week \_\_\_\_\_ How many weeks \_\_\_ 01/07/2020 to 30/06/2021 Mobile Phone Amount per month \_\_\_\_\_\_ Percentage used for work \_\_\_\_\_ Outdoor workers (Sunglasses/Sunscreen/Hats) \_\_\_\_ Percentage used for work \_\_\_ Amount \_ Tools & Equipment-Over \$300 (List dates & percentage used or work purpose) **OTHER** (Costs you incurred that was directly related to your job.) Please provide details: YES $\square$ № П If yes, how much did you pay \$ \_\_\_\_\_ Income Protection Insurance **GIFTS OR DONATIONS** Voluntary gifts of \$2 of more made to a Deductible Gift Recipient (DGR) Status Organization, please list the name of the organistaion and the amount donated. (This includes School Building Fund donations) **TAX OFFSETS** PRIVATE HEALTH INSURANCE YES $\square$ № П Do you have private health Insurance? Please confirm all your family members (including your spouse and children were covered by private YES \_\_\_ NO I health insurance hospital cover SPOUSE OR PARTNERS TAXABLE INCOME\* (Includes same sex couples) YES Did you have a spouse/partner for the full financial year? YES $\Box$

Does your spouse/partner receive any benefits from Centrelink?

What was your spouse or partner's taxable income: \$		
SUPERANNUATION		
a) Are you self employed? If y financial year.	es, please provide details of contributions you made to your superannuation for the	
b) Have you made superann	uation contributions on behalf of your spouse?	
OTHER		
Any other information that vetc.	re should be aware of: i.e. you are not entitled to Medicare Benefit, you are a student	
Please ensure that the info	rmation you have supplied is correct. The onus is on you the taxpayer to be able to <i>i</i> substantiate the information that you have supplied.	
SIGNED:	:	





# **Individual Information Checklist**

2020-2021

Chan & Naylor

Only rents received and expenses <u>paid</u> between 1 July 2020 and 30 June 2021

Owner Names & Ownership %:	
Address of Rental Property:	
Number of weeks property was rented this year:	
INCOME	
Gross rental income	
Other rental related income	
Gross Rent	
EXPENSES	
D Advertising for tenants	
E Body corporate fees (Strata Levies)	
F Borrowing expenses	
G Cleaning	
H Council Rates	
l Capital allowances (depreciation)	
J Gardening/lawn mowing	
K Insurance	
L Interest on loans	
M Land Tax	
N Legal fees	
O Pest control	
P Property agent fees/commission	
Q Repairs and maintenance (R & M)	
(for R & M purchases greater than \$300 need details)	
R Capital Work's Deduction (Building)	
S Stationery, telephone and postage	
T Travel expenses (Not allowed after 30/6/2017)	
U Water charges	
V Sundry rental expenses	
TOTAL EXPENSES	
NET RENT	
	Harrison and

#### For property purchased this financial year please provide the following:

Settlement Sheet

Bank Loan Offer

First Bank Statement

Transfer Title Documents

First Page Of The Contract For Sale

Depreciation Schedule (if any)