## Individual Tax Return Drop Off Checklist 2020

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| --- | --- |
|  | (Office Use Only) |
| **Date** |  |
| **Prep. By** |  |
| **Client Code** |  |  |
| **Name** |  |

## Please complete, print and return to our office:

## Email: reception@pegasusaccounting.com.au

## Ph: (08) 9295 6335

## Fax: (08) 9295 6633

## Mail: PO Box 658 Mundaring, WA 6073

## Drop in: Nichol House, Suit 15/3 Nichol St Mundaring WA 6073 (next to the public library)

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| --- | --- |
| **Client Information Section**  |  |
| **Surname** |  |
| **First Name** |  |
| **Middle Name** |  |
| **Title** | **Dr / Mr / Mrs / Ms / Miss / Other \_\_\_\_\_\_\_** |
| **Home address (including postcode)** |  |
| **Postal address if different to above** |  |
| **Email address** |  |
| **Mobile Number** |  |
| **Home Number** | **( )** |
| **Date of Birth** |  |
| **Tax File Number**  | **\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_**  |
| **ABN** | **\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_**  |
| **Are you an Australian resident?** | **(Please circle)** Yes No Unsure |
|  |  |
| **Has your name changed since your last tax return?** | **If Yes please provide previous name** |
| **What is your marital status** | Married / Defacto / Single / Single parent / Widow / Other: |
| **Spouses full Name**  |  |
| **Spouses Taxable income** |  |
| **Spouses date of birth** |  |
| **Dependent children** | Yes or No | How many? |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Bank Account Details:** | Account name:BSB:Account number: |  |
| **Fee From Refund Option** | We are able to deduct your fee from your refund (at an extra cost of $27.50). **Would you like to use this service?** | Yes or No |

**If you do not have a refund, or the Australian Government has taken some of your previous year’s refunds, you will be required to pay our fee before your tax form is lodged.**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Income:*** |  |  |  |
| What is your Occupation? |  |  |  |
| Did you earn Salary or wages as an employee? | Yes or No | If YES are all of your PAYG summary/s attached?  | Yes or No How many? |
| Did you receive an Employer termination payment (ETP)? | Yes or No | If YES is your ETP summary/s attached?  | Yes or No How many? |
| Did you receive any Centrelink payments or pensions? |  Yes or No | If YES are your PAYG summary/s attached? |  Yes or No  |
| Did you receive any bank interest? |  Yes or No | Bank Name: | $ |
| Did you receive any Dividends | Yes or No | If Yes are your dividend statements attached? | Yes or No  |
| Are you involved in any Employee Shares Scheme? | Yes or No | If YES did you receive any this financial year? | Yes or No  |
| Did you receive any income from a Managed fund? | Yes or No | If YES have you attached your annual tax summary from the fund? | Yes or No  |
| Did you receive any income from a Partnership or trust? | Yes or No | If YES have you attached all information | Yes or No  |
| Did you have a Capital gains event from the sale of property or shares? | Yes or No | If YES have you attached as much information that you can about the dates and prices on the acquisition and sale. | Yes or No  |
| Did you receive any Foreign income? | Yes or No | If YES have you attached as much information as possible | Yes or No  |
| Do you own a rental property/s? (Please see separate checklist) | Yes or No | If YES have you attached information for all income and expenditure on the property | Yes or No  |
| Do you operate a Business? | Yes or No | If YES have you attached a Cash book or summary, Income and expense details and your asset register |  Yes or No  |
| ***Deductions:*** |  |  |  |
| **Are you wanting to claim any Deductions?** | **Yes or No** | **Please provide all information as per the below list:** |  |
| Gifts or donations | Yes or No | Please provide amount | $ |
| Prior year tax agent fees / Did you travel to see last year’s tax agent? | Yes or No | Please provide amounts & details | $ |
| Home office details if required to work from home (number of hours per week)Dedicated office space required by work and/or COVID 19 allowance March 1 to June 2020 only: No dedicated office space required, includes internet, phone, electricity etc | Yes or No | Dedicated office space required by work: How many hours a week? How many weeks?COVID 19 allowance: How many hours a week? How many weeks? | $ |
| Motor Vehicle Expenses | Yes or No | Please provide description of travel:Was it travel from home to work only? **Yes or No**Vehicle year, make and model?Km’s travelled?Do you travel with tools? **Yes or No** | $ |
| Work related TravelEg Accommodation, Meals, Taxi | Yes or No | Please provide details: | $ |
| Uniform or Protective Clothing or Equipment or Sun Protection | Yes or No | Please provide details: | $ |
| Mobile, Telephone or Internet | Yes or No | Please provide total of deduction and percentage work use Total Cost Work %Total Claim | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%$\_\_\_\_\_\_\_\_ |
| Self-education expenses (course fees etc) | Yes or No | Please provide details: | $ |
| Other expenses  | Yes or No | Please provide details: Union Fees: | $ |
|  |  | Resources: | $ |
|  |  | Subscriptions: | $ |
|  |  | Tools: | $ |
|  |  | Memberships: | $ |
|  |  | Licences/Registrations: | $ |
|  |  | Seminars: | $ |
|  |  | Memberships: | $ |
|  |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
|  |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| ***Other information:*** |  |  |  |
|  |  |  |  |
| Do you have Private health insurance? | Yes or No | If YES is your health fund statement attached? | Yes or No |
| Did you make any personal superannuation contributions? (**Not** including salary sacrifice and employer contributions) | Yes or No | If YES please provide information including your confirmation letter from your superannuation fund of the deduction to be claimed |  |
| Did you make any superannuation contributions for your spouse? | Yes or No | If YES please provide information |  |
| Do you have Income protection insurance that you have paid for directly? **Not** through your superannuation fund | Yes or No | If YES please provide insurance premiums figure that you have directly paid for as per your letter of advice | $ |
| Do you have a HECS/HELP Debt? | Yes or No |  |  |
| Did you make any PAYG Installments to the ATO? | Yes or No | If YES please provide amounts and dates paid |  |
| ***Individual Offsets:*** |  |  |  |
| Did you live in a permanent address in a remote zone area during the year? | Yes or No | Please provide locations and datesEg Karratha, Onslow, Exmouth, Kunnunurra, Halls Creek, Shark Bay |  |

|  |  |
| --- | --- |
| **How shall we contact you if we have questions?** Email or Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Best time of the day: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Taxpayer declaration – Work Related Expenses** I declare that the information I have given is true and correct and that I hold the necessary evidence to support my claims.**Taxpayer declaration - I hereby authorize Pegasus Accounting to email my Tax returns if required**.Signed off by Client:Date: |

**Rental Property Checklist**

**Property Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dates Rented this year:** From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Home Owners:** 1st Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_% ownership

 2nd Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_% ownership

|  |  |  |
| --- | --- | --- |
| **Income** |  | **Amount** |
| Rental Income |   |  $ |
| Other Rental Related Income |   |  $ |
|   |   |   |
| **Expenses** |  |  |
| Advertising for Tenants |   |  $ |
| Body Corporate Fees |   |  $ |
| Borrowing Expenses |   |  $ |
| Cleaning |   |  $ |
| Council Rates |   |  $ |
| Gardening/Lawn Mowing |   |  $ |
| Insurance |  |  $ |
| Interest on Loan(s) |  |  $ |
| Land Tax |  |  $ |
| Legal Expenses |  |  $ |
| Pest Control |  |  $ |
| Property Agent Fees or Commission |  |  $ |
| Repairs & Maintenance |  |  $ |
| Stationery, Phone, Postage |  |  $ |
| Travel Expenses |  |  $ |
| Water Charges |  |  $ |
| Sundry expenses |  |  $ |
|  |  |  |

**Depreciation:**

Do you have a depreciation report prepared by a quantity surveyor? **Yes** (please provide) **/No**

Did you purchase any capital items for use in the property during the year? **Yes or No**

**Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date purchased: \_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_**

**Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date purchased: \_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_**

**Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date purchased: \_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_**

**Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date purchased: \_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_**

**Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date purchased: \_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_**

**Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date purchased: \_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_**

**Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date purchased: \_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_**

**OFFICE USE ONLY**

**All Fees quoted are GST inclusive**

**Taxation Returns Fees:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Details** | **Account settled on****Day of service** | **Fee from****Refund (DFR) $27.50** | **Accountant Fees Chargeable** |
| I Return - Individual | $165.00 | $192.50 | $ |
| I Return - Couple | $330.00 | $357.50 | $ |
| Minor with parents | $55.00 | $82.50 | $ |
| Basic/Company/Trust/Partnership | $330.00 starting |  | $ |
| Amendment to Tax return (additional information provided after authorisation to lodge) | $88.00 | $115.50 | $ |

**Additional fees will apply to the following, depending on level of complexity:**

|  |  |  |
| --- | --- | --- |
| **Details** | **Service Fee** | **Accountant Fees Chargeable** |
| Rental Property (each) with Summary Without Summary | $99.00$143.00 | $ |
| Rental Property (each) new | $110.00 | $ |
| Depreciation schedule input (each) | $55.00 | $ |
| Capital Gains Tax Property (each) | $110.00 | $ |
| Capital Gains Tax Shares (each) | $22.00 | $ |
| Dividends (up to 3 companies) | $5.50 | $ |
| Managed Funds (each) | $22.00 | $ |
| Contractor Schedule PSI | $77.00 | $ |
| Business Schedule with Summary | $121.00 | $ |
| Business schedules from receipts at hourly rate | $198.00 p/h | $ |

Note: if summaries are not provided additional charges may apply

**FEES:**

|  |  |
| --- | --- |
| **Excluding GST** | **$** |
| **GST** | **$** |
| **TOTAL inc GST** | **$** |
| **Payment Method:**  | **CASH/EFT/ DFR** |
| **DFR- Portal Account Checked?** **DFR entered into FFR website?**  | **Y / N****Y / N** |
| **Client code billed (if not this client):** |  |

|  |
| --- |
| **Tax Agent declaration**:I declare that I have explained to my client the information necessary to complete this for, including substantiation requirements.**Signed off by Accountant:**Date: |