



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

Individual Tax Return Drop Off Checklist 2022

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)

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)	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 Travel Eg 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 dates Eg Karratha, Onslow, Exmouth, Kunnunurra, Halls Creek, Shark Bay	

<p>How shall we contact you if we have questions? Email or Phone: _____</p> <p>Best time of the day: _____</p>	<p>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.</p> <p>Taxpayer declaration - I hereby authorize Pegasus Accounting to email my Tax returns if required.</p> <p>Signed off by Client: Date:</p>
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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	\$176.00	\$203.50	\$
I Return - Couple	\$341.00	\$368.50	\$
Minor with parents	\$66.00	\$93.50	\$
Basic/Company/Trust/Partnership	\$385.00 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	\$110.00 \$154.00	\$
Rental Property (each) new	\$132.00	\$
Depreciation schedule input (each)	\$77.00	\$
Capital Gains Tax Property (each)	\$165.00	\$
Capital Gains Tax Shares (each)	\$22.00	\$
Dividends (up to 3 companies)	\$5.50	\$
Managed Funds (each)	\$22.00	\$
Contractor Schedule PSI	\$99.00	\$
Business Schedule with Summary	\$198.00	\$
Business schedules from receipts at hourly rate	from \$220 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?	Y / N
DFR entered into FFR website?	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: