

Possible Deductions

Please answer the below questions as best you can.

Financial Year 20__/20__ Name: _____

1. Did you earn any income from a business? Yes No
2. Did you earn any income from a property? Yes No
3. Did you sell any shares? Yes No
4. Did you sell any property? Yes No
5. How much did you pay for Income Protection Insurances out of pocket? NIL \$_____/Year
 - a. Are you interested in looking at your Insurance options free of charge? Yes No
6. How much did you pay for union fees? NIL \$_____/Year
7. Did you pay for any meals while working overtime? Yes No
 - a. If yes, how much per week on average? _____
8. Did you buy any tools or equipment for work or work-related study? Yes No
 - a. If yes, please list the items, date and the amount. _____

This may include trade equipment, stationary items etc.
9. Did you buy a computer/office equipment for work or work-related study? Yes No
 - a. If yes, please list the items, date, amount, and percentage. _____

This may include computers, laptops printers, desks, office chairs, Microsoft, virus protection, etc.
10. How much did you pay for work-related memberships or subscriptions? NIL \$_____/Year
This may include teacher's registration, nurse registrations, etc.
11. Did you work from home at all? Yes No
 - a. If yes, how many hours approximately? _____
 - b. If yes, how much did you pay for your home internet? NIL \$_____/Year
 - i. What percentage did you use for work? _____%*This may include any hours where work was required from your home..*
12. How much did you pay for your mobile? NIL \$_____/Year
 - a. What percentage did you use for work? _____%
13. How much did you spend on any work-related sun protection? NIL \$_____/Year
This may include sunscreen, hats, sunglasses, etc.
14. How much did you spend on any work-related PPE? NIL \$_____/Year
This may include hard hats, protective shoes, steel caps, rubber gloves, etc.

15. Do you have logos on your uniforms? Yes No
 a. If yes, did you have to purchase any this year? Please list the items and amounts. _____

16. How much did you spend on books for work or work-related study? NIL \$_____/Year
This may include textbooks, magazines, reading materials, etc.
17. Did you contribute any of your after-tax income to your superannuation? Yes No
18. Did you have a novated or associate lease? Yes No
 a. If no, how many Kilometers did you travel for work? NIL _____Km/Year
This does not include driving to and from work. This includes driving to work-related study, conferences, work events, etc.
 b. If no, how far did you travel for your tax appointment last year? NIL _____Km
 c. Would you like a free discussion on how a lease can save you tax? Yes No
19. Did you pay for any work-related travel costs? Yes No
 a. If yes, please list the items and the amount. _____

This includes parking costs, toll costs, plane tickets, train/bus tickets, accommodation, etc.
20. Did you pay for any courses/self-education for work? Yes No
 a. If yes, please list the items and the amount. _____

Only courses that are directly related to your current employment are deductible.
21. Did you make any donations? NIL \$10 worth gold coins OR \$_____/Year
22. How much did you pay for last year's tax return? NIL _____Year
23. Did/do you pay for child support? Yes No
24. Did you pay for private health insurance? Yes No
 a. If yes, does it cover private hospital? Yes No
 b. Would you like to look at your health insurance options free of charge? Yes No
25. Did you have a spouse? Yes No
 a. *(if we are not completing their return)* If yes: Please provide name, DOB and approximate income. _____

26. Did you have any dependents? Yes No
 a. If yes: Please provide names and ages. _____

27. What are your bank account details? *(for potential refund)*
 BSB: _____
 Account Number: _____