



2021 PERSONAL INCOME TAX RETURN CHECKLIST

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

Mandatory Requirement: The Australian Taxation Office requires the following information regarding your spouse. If WHM Partners 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	
5. Taxable Income of Spouse	
6. Reportable Fringe Benefits of Spouse	
7. Net rental property losses of Spouse	
8. Tax-free pensions & benefits-Spouse	
9. Foreign income of Spouse	

The ATO now direct debit all tax refunds via EFT. If your bank details have changed, please complete below.

TAX REFUND BY ELECTRONIC FUNDS TRANSFER (EFT)	
BSB Number (6 digits)	
Account Number	
Account Name	

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.**

INCOME

SALARY & WAGES	Taxpayer	Spouse
<p>Have you received all of your income summary statements?</p> <p><i>This includes:</i></p> <ul style="list-style-type: none"> - Unemployment, Youth Allowance or AUSTUDY Statements - Payment Summary/ies (Formally known as Group Certificates) - Employee Termination Payment Statements - Annuity or Superannuation Income Stream Annual Tax Statements - Paid Parental Leave - PAYG summaries from employment overseas 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
INTEREST INCOME		
<p>Have you received any interest on bank accounts or other investments?</p> <p><i>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.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
PARTNERSHIP/TRUSTS INCOME		
<p>Did you receive any distributions from Trusts or Partnerships?</p> <p><i>If yes, please provide the appropriate tax summaries.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
RENTAL INCOME		
<p>Do you own a rental property?</p> <p><i>If yes, please contact us to request the rental property worksheet or download one from our website under Tax Checklists.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
DIVIDEND INCOME		
<p>Do you own any shares?</p> <p><i>If yes, please provide the dividend statements for the year or details of total dividends received from each company for the year as follows:</i></p> <ul style="list-style-type: none"> - Unfranked Dividends - Franked Dividends - Imputation Credits 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SALE OF ASSETS	Taxpayer	Spouse
<p>Did you sell any assets during the year that may give rise to Capital Gains Tax? (e.g. shares or a rental property.)</p> <p><i>If yes, please provide relevant details. Further, if shares were sold and you have received extra dividends due to dividend reinvestment plan then this must also be included on the Capital Gains worksheet</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYEE SHARE SCHEMES		
<p>Are you involved in any employee share schemes?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please provide all relevant documents.

OTHER INCOME

Did you receive any other income?

If yes, we need full details of the source and amount of income received such as:

- Employment Termination Payments
- Australian Annuities and Superannuation Income Streams
- 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

Yes No

Yes No

DEDUCTIONS

MOTOR VEHICLE

Taxpayer

Spouse

Are you required by your employer to use your car for work?

If yes, please contact us to request the Motor Vehicle Worksheet or download one from our website under Tax Checklists.

Yes No

Yes No

Did you buy or sell a motor vehicle in this financial year, which was Used for work?

If yes, please provide relevant details.

Yes No

Yes No

TRAVEL

Did you incur any work-related travel expenses?

If yes, please provide a list of expenses incurred, such as accommodation, airline tickets or meals.

Please note that a diary should be kept if away from home for 6 nights or more and receipts should be supplied where possible.

Yes No

Yes No

CLOTHING

Did you incur any expenses in relation to uniforms or protective clothing (including the laundry / dry cleaning of these uniforms)?

If yes please provide a list of these expenses.

Yes No

Yes No

SELF EDUCATION

Taxpayer

Spouse

Did you complete any courses which were directly related to your work?

If yes, please provide details on the type of course and expenses that were incurred.

Yes No

Yes No

HOME OFFICE		
<p>Did your employer require you to perform any work from home? <i>If yes, please estimate how many hours a week you worked at home for the following period</i> - 1 July 2020 to 30 June 2021</p> <p><i>Further, please provide a list of expenses related to this (e.g. stationery, books, electricity, gas).</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHERS		
<p>Did you have any other work-related expenses? This includes: union fees, mobile phone bills, tools, sickness & accident insurance, depreciation (professional library, tools, equipment), car parking, seminars & conferences, stationery, computer / internet, subscriptions, sun protection, or any other expenses <i>If yes, we require details of these expenses in summary form, or the actual receipts.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPERANNUATION		
<p>Do you make voluntary contributions to a Superannuation Fund (not including amounts contributed by your employer)? <i>If yes, please provide a confirmation from your superannuation fund</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
LOANS		
<p>Did you take out any new loans / borrow for business or investment purposes? <i>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.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
DONATIONS		
<p>Did you make any donations of \$2.00 or more to registered charities? <i>If yes, please provide a list of these donations.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TAX AGENT COSTS		
<p>Did you incur tax agent fees for preparing last year's tax return? <i>If yes, and we did not prepare the return, please provide the amount and to whom it was paid.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER INFORMATION	Taxpayer	Spouse
<p>Do you have a H.E.L.P. or P.E.L.S debt or a supplement loan? <i>If yes, please provide us with a copy of the statement(s) or amount of debt outstanding.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Did you cease full time education during the year? <i>If yes, we need to know the net income earned while a full-time student and the date of ceasing full time education.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Did you become a resident of Australia or cease being a resident of Australia during this financial year? <i>If yes, we need to know the date residency status changed and details of any income earned overseas (please complete the Foreign earnings and/or Expat worksheets)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>TAX OFFSETS</p>	<p>Taxpayer</p>	<p>Spouse</p>
<p>Did you have a spouse, relative or child (aged 16 years or over) that is unable to work due to invalidity or carer obligations? <i>If yes, please include the following information.</i></p> <p>a) Documents showing the eligible dependent who, due to invalidity, received:</p> <ul style="list-style-type: none"> • a disability support pension or a special needs disability support pension, or • an invalidity service pension <p>b) Documents showing the carer received:</p> <ul style="list-style-type: none"> • a carer payment/allowance, or • wholly engage in providing care to an eligible dependant from (a). 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you have any children? <i>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.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you make Child support payments? <i>If yes, please include detail of amounts paid for the financial year.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Did your spouse during the year receive any Family Tax Benefits part B or paid parental leave? <i>If yes, please include the following information:</i></p> <p>No. of days that your spouse received FTB part B: _____ days No. of days that your spouse received paid parental leave: _____ days</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>HEALTH INSURANCE</p>		
<p>Did you contribute to any Private Health Insurance during the year? <i>If yes, please provide the annual statement from your health fund in regard to the rebate you may be entitled to.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SUPERANNUATION		
<p>Did you make any contributions to your spouse's superannuation fund?</p> <p><i>If yes, please include details of the amount of contributions and the taxable income of your spouse.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
GOVERNMENT PENSIONS		
<p>Do you receive any tax-free government pension?</p> <p><i>If yes, please provide the total amount received in the financial year.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ZONE OR OVERSEAS FORCES REFUND		
<p>Do you work or live in a remote or isolated area for tax purposes?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
DEPENDENT CHILDREN		
<p>Did you have any dependent children living with you as at June30?</p> <p><i>If yes, please provide the number of dependent children</i></p> <p><i>(A dependent child is your child who is under 21 years of age, or 21 to 24 years old and a full-time student at a school, college or university)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER		
OVERSEAS ASSETS		
<p>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 2020/21?</p> <p><i>If yes, please contact us to request the Foreign Asset and Income worksheet or download one from our website under Tax Checklists.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No