



# Spinell

Accounting Group Pty Ltd

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## Financial Year 1<sup>st</sup> of July 2019 – 30<sup>th</sup> June 2020 Personal Tax Organiser Checklist

### Client Details

Client Full Name:

Street Address:

Suburb:

State:

P/Code:

Postal Address:

Business Hrs Ph No:

Mobile Ph No:

Email Address:

DOB:

Tax File No:

### Bank Details (for possible refund)

Account Name:

BSB:

Account No:

### Spouse's Details

Full Name:

DOB:

Male

Female

Separate Net Income\*

\* Required if we do not prepare your spouse's tax return

### Dependent Details

Full Name:

DOB:

Studying Full Time?

### Dependent Details

Full Name:

DOB:

Studying Full Time?

Patrick Klemke  
*Director*  
B.Com, CPA, AFP,  
Dip FS MB

V. Joseph Dancevic  
*Associate*  
M.Bus, B.Bus, Dip. Bus Admin,  
FCPA, CFP, FIPA, FTIA

Heleana Harvey  
*Adv Certificate of Accounting*

Melissa Donaldson  
B.Com, B.Mgt, CPA

Joanne Klemke  
*Certificate of Accounting*  
*Certificate of Business Administration*

Sarah Moore  
*Certificate of Bookkeeping*

*"Supporting you to achieve financial success"*

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Income		
Did you receive any income from the following categories?	No	Yes
PAYG Payment Summaries/Income Statement from Salary & Wages	<input type="checkbox"/>	<input type="checkbox"/> Please attach Details
Centrelink Benefits	<input type="checkbox"/>	<input type="checkbox"/> Please attach Details
Eligible Termination Payment (ETP) form and/or Superannuation Benefit Payments	<input type="checkbox"/>	<input type="checkbox"/> Please attach Details
Other Australian Pensions and Annuities	<input type="checkbox"/>	<input type="checkbox"/> Please attach Details
Overseas Pensions	<input type="checkbox"/>	<input type="checkbox"/> Please attach Details
Dividend (Shares) and / or Trust Distributions Annual Statements (Managed Funds)	<input type="checkbox"/>	<input type="checkbox"/> Complete Appendix 1A
Bank Interest	<input type="checkbox"/>	<input type="checkbox"/> Complete Appendix 1B
Life Insurance and Friendly Society Bonuses	<input type="checkbox"/>	<input type="checkbox"/> Please attach Details
Businesses, partnerships & Trusts	<input type="checkbox"/>	<input type="checkbox"/> Please attach Details
Capital Gain from the sale of an asset (shares, properties, units in trust etc)	<input type="checkbox"/>	<input type="checkbox"/> Complete Appendix 2
Rental Income	<input type="checkbox"/>	<input type="checkbox"/> Complete Appendix 3
Other Income – including foreign exchange gains, royalties, scholarships, grants, jury service fees, etc	<input type="checkbox"/>	<input type="checkbox"/> Please attach Details

### Tax Deductible Expenses (must be incurred, be deductible and substantiated)

### Work Related Car Expenses (claim one of the two methods)

#### Car (if travelled less than 5,000km s)

No of work related km's travelled:

#### Car (if travelled more than 5,000km s log book required)

Percentage car is used for work purposes:

Purchase Price:	Date Purchased:
Insurance:	Repairs:
Fuel Cost:	Registration Costs:
Loan Payments:	Interest on Loans:
Car Washes:	Other (please specify):
Other (please specify):	

### Other Work Related Travel Expenses

Public Transport:	Airfares:
Accommodation:	Meals:
Taxis:	Other (please specify):
Other (please specify):	

\*Please specify location/s stayed and number of nights spent away:

**Work Related Self Education Expenses (must be related to your current income)**

<b>Name of Course:</b>	<b>Institution:</b>
<b>Course Fees (exclude HELP):</b>	<b>Stationery:</b>
<b>Text Books:</b>	<b>Travel:</b>
<b>Parking:</b>	<b>Other (please specify):</b>

**Work Related Uniform Expense**

<b>Uniforms:</b>	<b>Protective Clothing:</b>
<b>Laundry:</b>	<b>Dry Cleaning:</b>

**Other work related expenses:**

<b>Stationery:</b>	<b>Computers &amp; Software:</b>
<b>Subscriptions:</b>	<b>Conferences &amp; Seminars:</b>
<b>Books &amp; Magazines:</b>	<b>Repairs to Equipment:</b>
<b>Telephone/ Internet:</b>	<b>Union Fees:</b>
<b>Tools of Trade:</b>	<b>Sun Protection:</b>
<b>Home Office (fixed rate .52c or actual cost method):</b>	<b>Tax Agent Fees:</b>
<b>Home Office (shortcut method .80c method (only available period 1/3/2020 – 30/06/2020 due to COVID-19):</b>	
<b>Other (Please specify):</b>	<b>Other (Please specify):</b>

**Other Deductions:**

<b>Partnership Losses:</b>	<b>Tax Losses from Previous Years:</b>
<b>Charitable Donations:</b>	<b>Income Protection:</b>
<b>After tax Superannuation Contributions you made?</b> <i>(Acknowledgement from super fund of Notice of Tax Deduction will be required)</i>	
<b>Other (please specify):</b>	

**Other Details Required:**

<b>Do you have Private Health Insurance?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<i>If yes, please ensure you have your statement, or that it is available via the ATO portal (around mid-August) prior to booking your appointment</i>
<b>How much child support did you pay? (if any)</b>	

**APPENDIX 1 Investments****PART A Shares**

<b>Name of Shareholding</b>	<b>Unfranked</b>	<b>Franked</b>	<b>Imputation Credit</b>	<b>No of Investment Owners</b>

**PART B Bank Interest:**

Financial Institution Name	Account Number	\$ Interest Received	No. of Investment Owners

**APPENDIX 2 Capital Gains:****Property 1**

Address of Property:

Purchase Date:

Sale Price:

Purchase Cost:

Sale Date:

Settlement Date:

Settlement Date to Sell:

Stamp Duty:

Real Estate Agent Fees:

Registration of Title:

Legal Fees:

Legal Fees to Purchase:

Other Sales Costs:

**Property 2**

Address of Property:

Purchase Date:

Sale Price:

Purchase Cost:

Sale Date:

Settlement Date:

Settlement Date to Sell:

Stamp Duty:

Real Estate Agent Fees:

Registration of Title:

Legal Fees:

Legal Fees to Purchase:

Other Sales Costs:

**Shares**

Name of Shares:

Name of Shares:

Number Sold:

Number Sold:

Purchase Date:

Purchase Date:

Selling Date:

Selling Date:

Purchase Cost:

Purchase Cost:

Selling Cost:

Selling Cost:

**Shares**

Name of Shares:

Name of Shares:

Number Sold:

Number Sold:

Purchase Date:

Purchase Date:

Selling Date:

Selling Date:

Purchase Cost:

Purchase Cost:

Selling Cost:

Selling Cost:

Trading of Cryptocurrency	
Name of Cryptocurrency:	Name of Cryptocurrency:
Number Sold:	Number Sold:
Purchase Date:	Purchase Date:
Selling Date:	Selling Date:
Purchase Cost:	Purchase Cost:
Selling Cost:	Selling Cost:

Trading of Cryptocurrency	
Name of Cryptocurrency:	Name of Cryptocurrency:
Number Sold:	Number Sold:
Purchase Date:	Purchase Date:
Selling Date:	Selling Date:
Purchase Cost:	Purchase Cost:
Selling Cost:	Selling Cost:

Other items subject to Capital Gains	
Name of item:	Name of item:
Number Sold:	Number Sold:
Purchase Date:	Purchase Date:
Selling Date:	Selling Date:
Purchase Cost:	Purchase Cost:
Selling Cost:	Selling Cost:

Other items subject to Capital Gains	
Name of item:	Name of item:
Number Sold:	Number Sold:
Purchase Date:	Purchase Date:
Selling Date:	Selling Date:
Purchase Cost:	Purchase Cost:
Selling Cost:	Selling Cost:

**APPENDIX 3 Rental Income & Expenses**

**Property 1**

<b>Address:</b>		
<b>Suburb:</b>	<b>State:</b>	<b>Postcode:</b>
<b>Date First Earned Rental Income:</b>	<b>No. Weeks Rented this Financial Year:</b>	
<b>Percentage Owned:</b>		

**Property 2**

<b>Address:</b>		
<b>Suburb:</b>	<b>State:</b>	<b>Postcode:</b>
<b>Date First Earned Rental Income:</b>	<b>No. Weeks Rented this Financial Year:</b>	
<b>Percentage Owned:</b>		

**Property 3**

<b>Address:</b>		
<b>Suburb:</b>	<b>State:</b>	<b>Postcode:</b>
<b>Date First Earned Rental Income:</b>	<b>No. Weeks Rented this Financial Year:</b>	
<b>Percentage Owned:</b>		

Please provide rental property statement and details or complete the below

<i>Income</i>	Property 1 (\$)	Property 2 (\$)	Property 3 (\$)
Rent			
<b>Expenses</b>			
Agent Fees			
Advertising			
Loan Interest			
Bank Fees			
Repairs			
Gardening			
Insurance			
Council Rates			
Water Rates			
Stationery & Postage			
Telephone			
Land Tax			
Please list any others:			
Capital Expenses Over \$300 (please list items, including the date of purchase)			