
G. E. HEWITT & CO.

CERTIFIED PRACTISING ACCOUNTANTS
ABN 51 868 819 808

CHECKLIST/OTHER INFORMATION 2019-20

GENERAL INFORMATION

Name (Full name) _____

Date of Birth ____ / ____ / ____

Email _____

Home Address _____

Postal Address (if different) _____

Telephone Home _____

Work _____

Mobile _____

Tax File No. ____ _ / ____ _ / ____ _ (only if first year with GE Hewitt & Co)

Client finalisation instructions (please choose one):

Once this checklist has been received and checked by G.E. Hewitt & Co, and assuming there is no further information required, please finalise the return and:

- Email it to me
- Post it to me
- Leave it at reception and I will drop in and sign it

OR

- Please contact me to make an appointment to finalise my return in person. I understand an additional fee applies for this option, charged on a time basis.

Bank Account / EFT Details

Please provide your bank account details (the ATO no longer issue cheques).

BSB (6 digits) _____

Account Number _____

Account Name _____

*****Please refer to your prior year tax return as a guide to completing this checklist*****

1. Spouse (married or de facto) including same sex:

Name of spouse, if applicable: _____

Spouse's date of birth: _____ / _____ / _____

Was there a change in your situation during the year (married or de facto)? **Yes/No**
 e.g. commenced/ceased living together? If yes, please provide details/dates.

If G.E. Hewitt & Co. prepares your spouse's tax return, go to Q.2. If not:

What was his/her taxable income for that year? \$ _____

What were his/her "reportable fringe benefits" (if applicable):

Exempt Fringe Benefits \$ _____

NON Exempt Fringe Benefits \$ _____

What were his/her "reportable employer super contributions"? \$ _____

What were his/her "reportable personal super contributions"? \$ _____

What was his/her "net financial investment loss" (if applicable)? \$ _____

What was his/her "net rental property loss" (if applicable) for that year? \$ _____

2. Dependent Children

Full Names	Date of birth	Student in 2019-20?	Was the dependent child's income > \$1,786?
		Circle for either Primary, Secondary, Tertiary, or Not Applicable	
_____	____ / ____ / ____	P, S, T, N/A	Yes / No
_____	____ / ____ / ____	P, S, T, N/A	Yes / No
_____	____ / ____ / ____	P, S, T, N/A	Yes / No
_____	____ / ____ / ____	P, S, T, N/A	Yes / No

Attach a separate page if more than four dependents.

3. Child Support Paid

Did you pay child support during the year for dependent children not living with you? **Yes/No**

If "Yes", Child's name / Amt Paid: _____ \$ _____

Child's name / Amt Paid: _____ \$ _____

Child's name / Amt Paid: _____ \$ _____

Child's name / Amt Paid: _____ \$ _____

4. Salary & Wages

Were you employed during the year? If yes, please complete below: **Yes/No**

Employer name: _____ Occupation: _____

Employer name: _____ Occupation: _____

Employer name: _____ Occupation: _____

5. Employment Termination Payments (ETP)

Did you cease with any employer during the year, *and* receive an ETP from that employer? **Yes/No**

6. Government Payments

Did you receive payments from the Government during the year (not including Family Tax Benefits or other non-assessable payments)? **Yes/No**

e.g. Paid Parental Leave paid directly from the Family Assistance Office, Newstart, Youth Allowance, Austudy, Parenting Payment, Partner Allowance, Age Pension, Carer Payment, Age Service Pension, Dept. Vet Affairs assessable payments, etc.

7. Superannuation Pensions

Superannuation pensions are generally exempt income for those over the age of 60. However, some superannuation pensions paid from untaxed sources, e.g. the ESSS fund *are* assessable to the recipient.

Did you receive an *assessable* Super Pension during that year? **Yes/No**

If so, please attach copies of any year end documentation received from your super fund.

8. Superannuation Lump Sums

Did you receive an *assessable* Superannuation Lump Sum during the year? **Yes/No**

If so, please attach the tax documentation received from your super fund in relation to this lump sum received.

9. Interest Received? **Yes/No**

If yes, please provide bank name and amount received in that year (your share only, e.g. if joint account, include your share of interest only).

10. Dividends Received? **Yes/No**

If yes, please provide either a summary of all the franked, unfranked and imputation credit amounts, **or** copies of all dividend slips received during the year.

11. Managed Funds Distributions? **Yes/No**

If yes, please attach the “Annual Tax Statement” issued by the Managed Fund. Note: Some Managed Funds do not issue their Annual Tax Statements until as late as November.

12. Partnership/Trust Distributions (apart from Managed Funds)? **Yes/No**

e.g. family and/or business partnerships/trusts. If yes, please provide details:

13. Business Income including consulting and Personal Services Income (PSI)? **Yes/No**

If so, please provide: (we will contact you for the further information required)

Name of business: _____

ABN: _____

Nature of business: _____

14. Capital Gains

Did you sell (or transfer) any capital gains taxable (CGT) assets during the year (whether you made a gain or loss)? **Yes/No**

Such assets include (but are not limited to) shares, real estate, collectables and other investments. If yes, please provide details of the sale amount and cost base information.

If yes to Q.14, were you a non-resident for tax purposes at any time during the ownership period of these CGT assets? If yes, please provide dates. **Yes/No**

15. Foreign Income

Did you receive any income from overseas? If yes, details. **Yes/No**

16. Rental Property Income

Did you have a rental property during the year? **Yes/No**

If yes, please also complete a separate “Rental Worksheet” for each rental property (download it from the “Resources” tab at our website: www.hewittcpa.com.au or contact our office for a copy).

17. “Sharing Economy” Income

Did you receive any income from the “Sharing Economy”? **Yes/No**

e.g. Airbnb, Stayz, Uber, Airtasker, etc. If yes, provide details.

18. Other Income

Did you receive any other assessable income not already listed? **Yes/No**

e.g. tips, allowances not processed through your employer’s payroll, royalties, employee share plan benefits, income replacement insurance receipts, assessable life insurance bonuses, etc. If yes, provide details.

19. Health Insurance

Did you have private health insurance cover during the year? **Yes/No**

Note, we will be able to access your private health insurance statement online; the health funds no longer provide these statements to you.

If yes, did the private health insurance also cover your spouse and dependent children for the entire year? **Yes/No**

Note, if you received the government rebate off your private health insurance premiums and your income level was >\$90k (or \$180k for families), the rebate will be reduced, and your tax refund/payment will be adjusted accordingly.

20. Medicare Levy

Medicare levy exemption usually applies to blind pensioners, Gold Card holders, and non-Australian residents. Are you exempt from the Medicare levy? **Yes/No**

21. HELP/SFSS

Do you have an existing HELP/SFSS university/student debt (also commonly referred to as “HECS”)? **Yes/No**

22. Superannuation

Did the total of all your paid employer super contributions (including compulsory super plus salary sacrificed super) exceed \$25,000? (if in doubt, check with your Superfund/s as to the amounts they received during the financial year): **Yes/No**

Did you make a contribution on behalf of your spouse? If yes, please provide details. **Yes/No**

Did you make a personal voluntary concessional super contribution, i.e. deductible contribution for yourself (not including employer contributions/salary sacrifice)? If yes, please attach a copy of your super fund's acknowledgement letter. **Yes/No**

23. Equipment

Did you purchase work related equipment e.g. tools of trade, computer, laptop, iPad, webcam, printer, etc? **Yes/No**

If yes, list details of all purchases (or provide copies of receipts):

Date paid:	Description:	Amount:	Estimated work related % **
___ / ___ / ___	_____	\$ _____	_____ %
___ / ___ / ___	_____	\$ _____	_____ %
___ / ___ / ___	_____	\$ _____	_____ %
___ / ___ / ___	_____	\$ _____	_____ %
___ / ___ / ___	_____	\$ _____	_____ %

Attach a separate page if more than five items.

** Note, the ATO expect a one month log/analysis to be kept annually to substantiate this %

24. Car Expenses

Is your car either a company car, a salary sacrificed vehicle, or novated under a lease arrangement with your employer? **Yes/No**

If "Yes", go to Q25.

If "No", did you use your own car for employment purposes (apart from travel to/from work)? **Yes/No**

If yes, please provide the following details:

- Make _____
- Model _____
- Registration No. _____
- Kilometres travelled, work _____
- Type of work related trips _____

We may contact you in relation to further car expense information required.

25. Travel Expenses

Did you incur travel expenses for employment purposes (e.g. work related toll charges, interstate travel, etc.) that were not reimbursed by your employer? **Yes/No**

If yes, provide details.

26. Work-Related Clothing Expenses

(a) Did you incur work-related logo-ed uniform, occupation specific or protective (including sun protection items, e.g. hat, sunglasses, sunscreen) clothing (e.g. HiVis) expenses? **Yes/No**

If yes, please provide details.

(b) Are you required to wear a logo-ed uniform and launder it? If so, how many times a week do you wash the logo-ed uniform from home? **Yes/No**

27. Self-Education Expenses

Did you incur self-education/training expenses directly related to your current income earning activities? **Yes/No**

If yes, please provide details of course and expenses.

28. Telephone

Did you incur telephone costs in relation to your employer's work? **Yes/No**

If yes, please provide *total* amount paid for the year: \$_____

What is the work related percentage? _____%

Note: The ATO expect a one month log/analysis to be kept annually to substantiate this %.

29. Home Office

Do you undertake any of your employer's work from your home? **Yes/No**

Estimated total hours : 1/7/19 – 29/2/20: _____

1/3/20 – 30/6/20: _____

Note: The ATO expect records to be available to help quantify these hours e.g. employer emails, diary entries, log of hours.

30. Internet Service Provider (ISP) Costs

Did you use your ISP to undertake your employer's work from home? **Yes/No**

If yes, please provide *total* amount paid for the year: \$_____

What is the work related percentage? _____%

Note: The ATO expect a one month log/analysis to be kept annually to substantiate this %.

31. Other Work-Related Expenses

Did you incur any other work-related expenses not already listed? e.g. union fees, professional membership fees, stationery, etc. **Yes/No**

If yes, please provide details.

32. Donations

Did you make donations to registered charities during the year? If yes, please provide copies of all the receipts (which must state: "Donations of \$2 & above are tax deductible"). **Yes/No**

33. Interest & Dividend Deductions

Did you incur expenses in relation to interest and dividends received? e.g. financial planners ongoing review fees, interest paid on related loans. **Yes/No**

If yes, please provide details.

34. Income Protection Insurance

Did you pay premiums for income protection insurance during the year? **Yes/No**

If yes, did you pay the premiums yourself? i.e. not through your superfund and/or not paid by your employer? **Yes/No**

If yes, provide a copy of the letter from the insurance company detailing the premiums.

35. Cost of Managing Tax Affairs

Did you incur costs during 2019-20 (apart from fees paid to G.E. Hewitt & Co.) to manage your tax affairs, e.g. fees paid to a former/other registered tax agent, postage costs, travel costs to attend this office, etc. If yes, please provide details. **Yes/No**

36. Foreign Assets

Do you have foreign assets worth more than AUD\$50,000? **Yes/No**

If you have any questions regarding any item in this checklist, please contact our office. Please sign and date, then return the completed checklist (by post, email, or in person).

Contact Details of G.E. Hewitt & Co:

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RINGWOOD EAST VIC 3135
Website www.hewittcpa.com.au
Email info@hewittcpa.com.au
Phone 03 9870 1477



I hereby declare the answers and information included in this completed checklist are accurate. I authorise G.E. Hewitt & Co to prepare my 2019-20 tax return based on this completed checklist.

Signed: _____

Name: _____

Date: ____ / ____ / ____

*** Don't forget to include any other relevant documents e.g. receipts etc.**

*** Don't forget to sign and date above.**