

Tax Return Deduction Checklist

Name: _____

Nurse
Year ended 30 June 20____

D1 WORK RELATED CAR EXPENSES - cents per km
Car Make and Model _____)
TOTAL KM (max 5000) _____
TOTAL *\$0.66per km (\$0.68 from 01/07/2018) _____

Did you have a log book? If yes provide list of all expenses
And a copy of the log book

D2 WORK RELATED TRAVEL EXPENSES

- Parking _____
- Tolls _____
- Taxis _____
- Hire Car _____
- Air Fares _____
- Accommodation _____
- _____
- _____
- _____
- _____

TOTAL \$ _____

D3 WORK RELATED UNIFORMS / PROTECTIVE CLOTHING

- Traditional Uniform (Cap, White Uniform Dress, Cardigan, Special Non-Slip Shoes) _____
- Laboratory Coats _____
- Aprons _____
- Special Non-Slip Shoes (as part of non traditional uniform) _____
- Laundry of Deductible Uniform Items _____
- Dry Cleaning of Deductible Uniform Items _____
- _____
- _____

TOTAL \$ _____

D4 SELF-EDUCATION

- Text Books _____
- Student Union Fees _____
- Stationery _____
- Course Fees (Excluding HECS) _____
- Travel Expenses (Travel to and From Uni or Tafe) _____
- Decline in Value of Equipment (Eg Computer) _____
- Accommodation & Meals (if overnight stay is required for work related studyactivities) _____
- Running Costs for a room set aside for work related study (eg heating/cooling, lighting, excludes occupancy costs) _____
- Interest on Moneys Borrowed, Where Funds are Used to Pay for Self-Education Expenses _____
- _____

TOTAL \$ _____

D5 OTHER WORK RELATED EXPENSES

A. Work Related Tools

- Dedicated Stopwatches _____
- Nurses Fob Watch _____
- _____
- _____

TOTAL \$ _____

B. Work Related Union Dues, Professional Fees

- Queensland Nurses Union _____
- Queensland Nursing Council _____
- _____
- _____

TOTAL \$ _____

C. Work Related Subscriptions

- _____
- _____
- _____
- _____

TOTAL \$ _____

D. Other Expenses

- Stationery (Diary; Pens etc) _____
- Home Phone \$ _____
Work % _____
- Mobile Phone \$ _____
Work % (as per diary evidence) _____
- Cost of Attending Seminars, Conferences and Training Courses _____
- Insurance of Tools and Equipment _____
- Repairs to Tools and Equipment _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

T5. Private Health Insurance _____ Y / N
IT7. Did you pay child support? _____ Y / N

▪ Do you have a HECS/SFSS Debt? _____ Y / N
▪ Do you have a spouse? _____ Y / N
(If yes, provide name, d.o.b and taxable income)

