

Tax Return Deduction Checklist

Name: _____

Occupation: _____

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

▪ Uniform must be registered logo uniform, protective or
 occupation specific (\$0.50 per mixed load/ \$1 for separate load
 for Laundry)

Laundry of Deductible Uniform Items (max \$150) _____

- Dry Cleaning of Deductible Uniform Items _____
- Protective Clothing _____
- Compulsory Uniforms _____
- Non-Compulsory Uniforms _____

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 study activities)

▪ Running Costs for a room set aside for work
 related study (eg heating/cooling, lighting, excl 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

- _____
- _____

TOTAL \$ _____

B. Work Related Union Dues, Professional Fees & Subscriptions

- _____
- _____

TOTAL \$ _____

D. Other Expenses

- Internet Total Cost \$ _____
% _____
- Home Phone Total Cost \$ _____
% _____
- Mobile Phone Total Cost \$ _____
% _____
- Paper and printer cartridges _____
- Software _____
- Computer accessories _____
- Computer Repairs/upgrades _____
- Batteries _____
- Stationery (Diary; Pens etc) _____
- Home Office Electricity @\$0.45ph _____
- Desk, Chair, Filing, shelves,
lamp, chair mat, power boards _____
- Sunglasses Cost \$ **Pvt%** _____
- Sun protection _____
- Computer Cost \$ _____
Date % _____
- Other - explain _____

T5. Private Health Insurance (all dependents must be covered incl spouse) Y / N

IT7. Did you pay child support? Y / N
 Amount: _____

• **Do you have a HELP/SFSS debt?** Y / N
 Amount: _____

• **Do you have a Spouse?** _____
 If yes we need spouse' full name, DOB and Taxable Income for the year

Donations – you must have receipts

Income Protection Insurance _____

Other: _____

Remember you must apportion all your deductions for any private useage

Please attach details of all income sources