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| **ABN TAX RETURN CHECKLIST**  |
| **Form 1 ：Basic Information Sheet**\*All your information will be safe and confidential |
| Legal Name: |  |
| Date of Birth: |  |
| TFN: |  |
| ABN: |  |
| If registered GST: | *(if any, make sure BAS / annual GST return lodged before conducting tax return)* |
| Main Business Activity:  |  |
| Business Address:  |  |
| Residential Address:  |   |
| BSB:  |  |
| Account Number:  |  |
| Copies of each of Business Activity Statements sent to the Australian Taxation Office, if held | *Please provide if any*  |
| Do you have any previous carry forward non-commercial loss? | *If yes, please provide which financial year you actually occurred.*  |

I， , authorise Solution In to add me to its tax agent portal.

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Form 2 ：BUSINESS INCOME AND EXPENSE FORM** ***（Under ABN only ）****please do not include expenses for your TFN job* |
| **Items (if any)**  | **Amount** **(incl GST)** | **Business related %** | **Invoice (Y/N)** *Please provide if Y*  |
| **ABN Income** |
| Business Income:  *(Please also provide Bank statement if any)* |  | N/A |  |
| Bank Interest Income of Business Account:  *(If maintain a separate account for business)* |  |  N/A |  |
| **Business Expense** |
| Cost of Goods Sales:  |  | N/A |  |
| Bank Fees: *(If maintain a separate account for business)* |  | N/A |  |
| Commissions, licensing or service fees to the platform: |  | N/A |  |
| Car km travelled：  | km / week  | Must related to business | N/A |
| Home office:  |  hours / week | N/A | N/A |
| Laundry expenses (logoed uniform) : |  Times/ week | N/A | N/A |
| Mobile Phone Bills：  |  $ / Month |  % |  |
| Internet:  |  $ / Month | %  |  |
| Computer/ Laptop: (purchase date & price) |  |   %   |  |
| Mobile: *(purchase date & price)* |   | %  |   |
| Other equipment and tools: *(item name, purchase date & price)* |   |  %  |   |
| Repair for equipment:  *(i.e. laptop repair）* |  |  % |  |
| Stationery annual expense:  |  | N/A |  |
| Payment to subcontractor / employees:*(Payment amount, date, and their ABN/ TFN)* |   | N/A |   |
| Super paid to subcontractor / employees:*(Payment amount, date, and their ABN/ TFN)* |   |  N/A |  |
| **Other Expense:**  |
| Donation to charity:  |  | N/A |  |
| Tax agent/accountants fee:  |  | N/A |  |
| Income Protection Insurance Premium:  |  | N/A |  |
| Personal super contribution:  |  | N/A | Must have NOI and please provide |
| Others, please specify:  |  |  |  |
|   |  |   |
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 **Notice：**

* If tax payer has other TFN income & rental income, please ask for TFN checklist and rental property checklist. ）
* *If tax payer decided to use logbook method for car expense deduction, please refer to the following FORM 3 for vehicle details and expenses*

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| **Form 3：Information sheet for vehicles***if use logbook to claim large amount of car expense*  |
| **Items** | **Amount (incl GST)** | **Invoice (Y/N)** |
| Car Make:  |   |  |
| Car Body Type:  |  |  |
| Registration number:  |  |  |
| Purchase Date:  |  |  |
| Purchase Price: *(provide rent price, if this car is rented)*  |  |  |
| Open Odometer:*(at start of financial year)* |  |  |
| Close Odometer:*(at end of financial year)* |  |  |
| Logbook(s) business related percentage % |  |  |
|  Fuel / Gas:  *(for whole year-with invoice)* |   |  |
| Car cleaning:*(for whole year with invoice)* |   |  |
| Interest-Vehicle: *(if rented this car or has mortgage)*  |  |  |
| Car insurance: *(whole year with invoice)* |  |  |
| Parking & Toll:*(whole year with invoice)* |  |  |
| Repair and Service:*(whole year with invoice)* |  |  |
| Rego:*(whole year with invoice)* |  |  |
| *Others, please specify:*  |  |  |
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