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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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