

### INDIVIDUAL INCOME TAX RETURN 2016 – MAIL-IN FOR WAGE EARNERS

- ~ Each member of a couple needs to complete their own copy of this form and sign the letter of Engagement
- ~ If you have a rental property, do not use this form. The form for rental properties is just below where you obtained this form on our mail-ins page: <a href="http://www.bantacs.com.au/mail-in\_tax\_returns.php">www.bantacs.com.au/mail-in\_tax\_returns.php</a>.
- For Taxpayers who are in business you will need to complete a Business Schedule which is available under the heading Additional Forms just below where you obtained this form on the mail-ins page. Generally there will be additional charges for a business; we will contact you once we have looked at the work involved.

### **Self Assessment Obligations**

Please be aware that under Australian Taxation Office self assessing system, if you are called upon to attend a desk audit, you may be required to provide receipts or other records to substantiate any claims made in your return; please refer to the Substantiation note at the end for help. Records are required to be held for 5 years from the date of lodgment of your return.

### How to Mail-In Your Tax Return

Scan & email to
Post this completed form and all attachments to our Tenterfield office:

lyn@bantacs.com.au

98 High Street, Tenterfield NSW 2372

### Cost

#### \$160.00

The standard price for a basic wage earner return is only \$160. If your return is more complex and will result in a higher fee than this, we will ring you before we start. Please note the \$160 payment is required at the time of receiving your work.

#### **Payment Methods**

|            | Cheque                               | Or Electronic   | Payment  |
|------------|--------------------------------------|-----------------|----------|
| •          | LG Tax & Accounting Solutions        |                 | 062-605  |
| Posted to: | 98 High Street, Tenterfield NSW 2372 | Account Number: | 10109509 |
|            |                                      |                 |          |

#### Enquires

Ring: Lyn on 02 6736 5383 Email: <u>lyn@bantacs.com.au</u>

Our objective is to simplify your tax return process not complicate it through long detailed questions. This form sticks to the basics. When we ring you we can discuss any tax issues you may have that are outside the ordinary.

Please use this form as a guide and feel free to add information or comment when you are not sure how to address the question. We will be in contact with you personally when your tax return is being prepared so do not worry if you don't understand something, we can discuss it when we ring. Please provide both your phone number for this purpose and your e-mail address so we can send you an e-mail if we cannot reach you by phone.

Preferred contact number:

Best contact time: morning | afternoon | evening

E-mail address:

This document sets out the terms of your engagement of BAN TACS at Tenterfield trading as LG Tax & Accounting Solutions as your Accountant/Tax Agent. Any changes to the scope of engagement as set out below shall only be made by agreement between both parties.

In acting as your Tax Agent LG Tax & Accounting Solutionswill:

- (a) analyse, discuss and make recommendations regarding your Individual Tax return; and
- (b) prepare and lodge your tax returns

In addition to the basic financial information required to complete these tax returns, it is expected that clients will make source documentation available upon request.

Clients are responsible for ensuring compliance with the substantiation provisions of the Income Tax Assessment Act. LG Tax and Accounting Solutions will not be responsible for any errors brought about by the clients failure to provide information or documentation or failure to provide material that is later found to be material to the client's tax affairs.

Clients are responsible for the timely provision of information. LG Tax and Accounting Solutions will not be responsible for any late lodgement or other fees and fines brought about by your failure act in a timely manner.

Any estimate of a refund you may be owed is only an estimate and LG Tax & Accounting Solutions will not be responsible nor will we accept liability if the Australian Taxation Office determines your liability to be different than that lodged by us.

### **Professional Fees and Payments**

Please include your payment when you mail in this form. If there are any extra charges we will provide you with an itemised account. We will require full payment before lodgement of the tax return with the ATO.

### **Notice of Assessment**

Your Notice of Assessment will be mailed directly to your nominated postal address. It is your responsibility to provide LG Tax & Accounting Solutions with current and correct contact details.

If you do not receive your Notice of Assessment within 28 days of lodgement you should contact this office to enable us to track your return with the ATO.

# Acknowledgement and Confirmation

I \_\_\_\_\_\_ (Taxpayer) hereby acknowledge and accept the terms of this engagement as have been provided. I shall be personally liable for all fees for services performed in accordance with such agreement.

Effective from the date below I appoint LG Tax & Accounting Solutions as my tax agent and authorise them to act as my representative to the Australian Taxation Office in relation to my taxation affairs.

Client Signature

\_/\_\_\_\_/\_

Date

# **PERSONAL DETAILS**

| Your Name:                 | Mr   Mrs   Ms   M   | liss               |             |                   |                    |   | DOB:                | /           | /           |
|----------------------------|---------------------|--------------------|-------------|-------------------|--------------------|---|---------------------|-------------|-------------|
| Was this the name use      | d on your last tax  | return?            |             |                   |                    |   |                     | YES 🗆       | <b>NO</b> □ |
| Details if no:             |                     |                    |             |                   |                    |   |                     |             |             |
| Existing clients nee       | ed only provide     | e details of ch    | anges       | that have oc      | curred since       | you lodged y  | /our last in        | come tax    | return      |
| Tax File Number:           |                     |                    | •           |                   |                    |   |                     |             |             |
| Residential Address:       |                     |                    |             |                   |                    |   |                     |             |             |
| Postal Address:            |                     |                    |             |                   |                    |   |                     |             |             |
| Has your postal addres     | s changed since l   | odging a tax retu  | urn?        |                   |                    |   |                     | YES 🗆       | <b>NO</b> □ |
| Telephone:                 | (W)                 |                    | (H)         |                   |                    | (M)   |                     |             |             |
| Are you a war veteran      | or widow/widower    | of a war veterar   | n yet und   | der the Aged Pe   | ension age?        |   |                     | YES 🗆       | <b>NO</b> 🗆 |
| Do you operate under a     | an ABN?             | YES 🗆              | <b>NO</b> □ |                   | under the hea      | complete a Bus<br>iding <i>Additional</i><br>v.bantacs.com. | <i>Form</i> s on th | e BAN TAO   | CS mail-    |
| Family Details             | Note, this include  | es same sex cou    | uples       |                   |                    |   |                     |             |             |
| Spouse's Name:             | Mr   Mrs   Ms   M   |                    | •           |                   |                    |   | DOB:                | /           | /           |
| Was this their name us     | ed on your last ta  |                    |             |                   |                    |   | -                   | YES 🗆       | NO 🗆        |
| Details if no:             |                     |                    |             |                   |                    |   |                     |             |             |
| Spouse's TFN:              |                     |                    | Spouse      | s Occupation:     |                    |   |                     |             |             |
| Spouses adjustable tax     | able income if we   | are not doing th   | neir tax r  | eturn:            |                    |   | \$                  |             |             |
| If married / de facto in 2 | 2015/2016, what c   | late did this occu | ur:         |                   |                    |   | _                   | /           | /           |
| ~ If you share care fo     | r your own childre  | en, please advise  | e the % o   | of care allocate  | d to you by the    | Family Assistar   | nce Office:         |             | %           |
| TAX AGENT DETA             | ILS                 |                    |             |                   |                    |   |                     |             |             |
|                            | Attach a copy       | of your previo     | us retu     | rn if this is the | first time usir    | ng this mail-in   | service             |             |             |
| Did an accountant prep     |                     |                    |             |                   |                    | NO 🗆  |                     |             |             |
| If yes please provide co   | ontact details of p | revious accounta   | ant:        |                   |                    |   |                     |             |             |
|                            |                     |                    |             |                   |                    |   |                     |             |             |
|                            |                     |                    |             |                   |                    |   |                     |             |             |
| Bank Account Details for   | or Direct Deposit   | of Refunds         |             | BSB:              |                    | ACCT NO::   |                     |             |             |
| Note the ATO no longe      | r post out cheque   | S                  |             | Acct Name:        |                    |   |                     |             |             |
| Do you have a will?        |                     |                    |             |                   | YES 🗆              | <b>NO</b> □   |                     |             |             |
| Do you have an Enduri      | ng Power of Attor   | ney?               |             |                   | YES 🗆              | <b>NO</b> □   |                     |             |             |
| Do you feel comfortable    | e that your financi | al affairs are und | der contr   | ol?               | YES 🗆              | <b>NO</b> □   |                     |             |             |
| If not would you like to   | discuss any of the  | e areas listed bel | ow with     | us, or one of ou  | ur affiliated serv | ice providers?  |                     |             |             |
| □ Income Protection In     | surance             | Life Insurance     | е           | □ Sup             | erannuation        |   | ] Financial Pl      | anning Stra | ategies     |
|                            |                     |                    |             |                   |                    |   |                     |             |             |

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#### INCOME

| Did you receive income from Salary or Wages   | YES 🗆 | NO 🗆        |
|---|-------|-------------|
| Did you receive any allowances, directors' fees, bonuses, cents per kilometre, reimbursements and tips etc. | YES 🗆 | <b>NO</b> □ |
| DESCRIPTION OF ALLOWANCE:   |       |             |
|   |       |             |

Please attach copies of payment summaries from all employers

If amounts are not included on your payment summaries please provide details below.

AMOUNT:

| Did you receive an Employment termination payments   | YES 🗆 | <b>NO</b> □ | Please a                           |
|--|-------|-------------|------------------------------------|
| Did you receive an Aust Gov't allowances or payments e.g. Newstart, Youth Allowance, or Sickness Benefit?                        | YES 🗆 | <b>NO</b> □ | Please a from rele                 |
| Did you receive an Aust. Government pension or other similar benefits  | YES 🗆 | <b>NO</b> □ | Please a from rele                 |
| Did you receive income from Australian Annuities or Superannuation income streams?   | YES 🗆 | NO 🗆        | Please a<br>from sup<br>friendly s |
| Did you receive any Australian super lump sum payments?  | YES 🗆 | <b>NO</b> □ | NB: see<br>lump sun                |
| Did you receive Interest from bank accounts or investments?  | YES 🗆 | <b>NO</b> □ | Please p<br>Interest r             |
| ACCOUNT DETAILS:   |       |             |                                    |
|  |       |             |                                    |
|  |       |             |                                    |
| Did you receive any Dividend income?   | YES 🗆 | NO 🗆        | Please a<br>Statemer               |
|  |       |             | If yes we                          |
| Did you receive income from partnerships and/or trusts?  | YES 🗆 | NO 🗆        | additiona                          |
| Did you receive any business income?   | YES 🗆 | <b>NO</b> □ | available<br>obtained              |
| Is your business Subcontracting? Did you earn the majority of your income from one contract?                                     | YES 🗆 | <b>NO</b> 🗆 | If yes you<br>Business             |
| Have you made deposits to or withdrawals from a farm managed deposit?  | YES 🗆 | <b>NO</b> 🗆 | Please a<br>Manager                |
|  |       |             | lf yes ple<br>available            |
| Did you have any Capital Gains or losses during the financial year?  | YES 🗆 | <b>NO</b> □ | obtained                           |
| Did you receive any income from overseas sources?  | YES 🗆 | <b>NO</b> □ | Please p                           |
|  |       |             |                                    |
|  |       |             |                                    |
| Did you receive any income from ownership of a Rental property?  | YES 🗆 | NO 🗆        | If Yes yo<br>Property<br>obtained  |
| Did you receive any bonuses from life assurance or friendly society  | -     | -           | Please a                           |
| policies?  | YES 🗆 | NO 🗆        | received                           |
| Did you receive income from forestry managed investments?  | YES 🗆 | NO 🗆        | Please a                           |
| Have your received any other income such as discounts or share rights through an employee share scheme, royalties, scholarships, |       |             | Please a<br>showing<br>employee    |

| Please attach ETP Summary   |
|---|
| Please attach Copies of Payment Summary<br>from relevant Department eg. Centrelink                          |
| Please attach Copies of Payment Summary<br>from relevant Department eg. Centrelink                          |
| Please attach payment summary received<br>from super fund or life insurance company or<br>friendly society. |
| NB: see payment summary- superannuation<br>lump sum received from super fund.                               |

provide details of Bank Accounts and received

INTEREST AMOUNT:

| Please attach all dividend and investment Tax Statements   |
|--|
| If yes we will need to discuss with you what additional information may be required  |
| If yes please complete a Business Schedule<br>available under Additional Forms where you<br>obtained this form on the mail-ins page      |
| If yes you will need to complete an additional Business Schedule: bantacs.com.au/tools.php   |
| Please attach bank statements for your Farm<br>Management Account  |
| If yes please complete a CGT Schedule,<br>available under Additional Forms where you<br>obtained this form on the mail-ins page          |
| Please provide details below   |
| Amount   |
|  |
| If Yes you are using the wrong form. A Rental<br>Property mail-in form is available where you<br>obtained this form on the mail-ins page |
| Please attach statements showing amounts   |

attach statements showing amounts

attach paperwork

attach any supporting documents g type of income & any tax paid. For employee share scheme, include the document that explains the discount received

Amount

Description of Income

jury duty etc.

YES 🗆

NO 🗆

# DEDUCTIONS - Please see Substantiation notes at the end of this document to help with deductions

| Do you use your vehicle for work purposes?   | YES 🗆       | NO 🗆             | If yes please provide                  | car details belov  | v      |
|--|-------------|------------------|--|--|--------|
| Car 1 Make and Model   |             | Car 2 Make a     | nd Model                               |  |        |
| Car 1 Number Plate Car 2 Number Plate  |             |                  | ber Plate                              |  |        |
|  | -           |                  |  |  |        |
| If yes to previous question, do you keep a log book for your car?<br>To use the kms method, a detailed reasonable estimate of the kms trav<br>representative of the whole year or, if spasmodic, a list for each trip. Plu<br>employer, even if salary sacrificed cannot be claimed here. A simple dia | ease provid | le the total kms | s for the year here. A ca              | ises.<br>thod; see next.<br>nth which is<br>r provided by yo | ur     |
| Kilometres travelled in car 1 for work kms   | S           | Kms travelled i  | in car 2 for work                      |  | kms    |
|  |             |                  | If yes please provide                  | details below or   | as an  |
| Do you have any other work related expenses for travel?  | YES 🗆       |                  | attachment.<br>If no please skip the r | next questions   |        |
| Description (eg, parking tolls or taxi's)  |             |                  |  | •  | Amount |
| Description (eg, parking tons of taxis)  |             |                  |  | r  |        |
|  |             |                  |  |  |        |
|  |             |                  | If yes please attach re                |  |        |
| Do you have a travel diary/itinerary and accommodation receipts?   | YES 🗆       | <b>NO</b> □      | If no please provide w                 |  | ow.    |
| DESCRIPTION  |             |                  |  | A  | AMOUNT |
|  |             |                  |  |  |        |
|  |             |                  |  |  |        |
|  |             |                  |  |  |        |
| Do you have work related uniform and other clothing expenses   | YES 🗆       | NO 🗆             | If yes please provide                  | details below  |        |
| DESCRIPTION  |             |                  |  |  | Amount |
| Protective Clothing:   |             |                  |  | r  |        |
| •  |             |                  |  |  |        |
| Occupation Specific Clothing:  |             |                  |  |  |        |
| Non Compulsory Uniform:  |             |                  |  |  |        |
| Conventional Clothing :  |             |                  |  |  |        |
| Dry Cleaning:  |             |                  |  |  |        |
| Laundry (we need the number of loads per week)   |             |                  | Full loads                             | mixed loads  |        |
| Education: Did you attend any:<br>Work related courses at an educational institution?  | YES 🗆       | <b>NO</b> □      |  |  |        |
| Or any seminars and courses?   | YES 🗆       | NO 🗆             | If yes please provide                  | details below  |        |
| DESCRIPTION  | -           | -                | ,,                                     |  | Amount |
| Student Union Fees (only for educational institution):   |             |                  |  |  |        |
| Course Fees (please make it whether the course is governm  |             |                  |  |  |        |
| Text Books:  |             | ,                |  |  |        |
| Stationery:  |             |                  |  |  |        |
| Parking:   |             |                  |  |  |        |
| Other:   |             |                  |  |  |        |
|  |             |                  |  |  |        |
| Travel (see below)<br>You can claim the travel from home to your place of education or from  | work to you | ir place of educ | action but you cannot al               | oim for the trip fr  | om the |
| place of education to your home if you went to work first. So if you trav<br>matter anywhere other than work then you are entitled to claim both leg   | el from hor | ne to the place  |  |  |        |
| Car 1 Make and Model   | _           | Car 2 Make       | and Model                              |  |        |
| Car 1 Number Plate   |             | Car 2 Nur        | mber Plate                             |  |        |
| To use the kms method, a detailed reasonable estimate of the kms trav<br>representative of the whole year or, if spasmodic, a list for each trip. Ple<br>employer, even if salary sacrificed cannot be claimed here. A simple dis  | ease provid | le the total kms | s for the year here. A ca              | r provided by yo   |        |
| Kilometres travelled in car 1 for work education kms   | _           | Kms travelled i  | n car 2 for work educat                | ion  | kms    |
| CONFIDENTIAL Individual Tax R  | eturn – Ma  | il-in            |  |  | 5 of 9 |

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| Did you incur any expenses in order to work from your home? | YES 🗆 |
|---|-------|
|---|-------|

**NO** □

If yes please complete the following **using the information in the Substantiation section** to help you.

| A simple diary is available at <u>http://www.bantacs.com.au/shop-2/diary-t</u> | emplate/      |             |   | AMOUNT            |
|--|---------------|-------------|---|-------------------|
| Electricity - can be recorded on an hourly basis:                              |               |             |   |                   |
| Internet access - apportioned:   |               |             |   |                   |
| Stationary:  |               |             |   |                   |
| Telephone calls for work:  |               |             |   |                   |
| Printer cartridges:  |               |             |   |                   |
| Computer depreciation:   |               |             |   |                   |
| Is there a room set aside that you use apart from the rest of the family?      | YES 🗆         | <b>NO</b> □ | Keep a diary for one month showin many hours you spend working in t | g how<br>hat room |
| Did you purchase and tools and equipment for work?                             | YES 🗆         | <b>NO</b> □ | If yes please provide details below                                 |                   |
| DESCRIPTION (please see substantiation notes)                                  |               |             |   | Amount            |
|  |               |             |   |                   |
| Subscriptions, union fees or professional body fees                            | YES 🗆         | NO 🗆        | If yes please provide details below                                 |                   |
| DESCRIPTION  |               |             |   | AMOUNT            |
|  |               |             |   |                   |
|  | YES 🗆         | NO 🗆        | If yes please provide details below                                 |                   |
| Journals/periodicals<br>DESCRIPTION  |               |             | It yes please provide details below                                 | Amount            |
|  |               |             |   |                   |
|  |               |             |   | Amount            |
| Sun protection   | YES 🗆         | <b>NO</b> 🗆 |   | 7                 |
|  | -             | -           |   |                   |
| Any other work deductions  | YES 🗆         | NO 🗆        | If yes please provide details below                                 |                   |
| DESCRIPTION  |               |             |   | Amount            |
|  |               |             |   |                   |
|  |               |             |   |                   |
|  |               |             |   |                   |
|  |               |             |   |                   |
| Expenses related to dividend and interest income                               | YES 🗆         | <b>NO</b> □ | If yes please provide details below                                 |                   |
| DESCRIPTION (i.e. interest on a loan to purchase shares)                       |               |             |   | Amount            |
|  |               |             |   |                   |
|  |               |             |   |                   |
|  |               |             |   |                   |
| Gifts and donations  | YES 🗆         | <b>NO</b> □ | If yes please provide details below                                 |                   |
| NAME OF DONATION RECIPIENT   |               |             |   | AMOUNT            |
|  |               |             |   |                   |
|  |               |             |   |                   |
|  |               |             |   |                   |
|  |               |             |   | AMOUNT            |
| Cost of managing tax affairs (e.g. tax agent fees):                            |               |             |   |                   |
| Number of kms travelled to have tax return completed last yea                  | ar:           |             |   | KMs               |
| Which car did you use when you saw your accountant?                            |               |             | Make/Model:   |                   |
|  |               |             |   |                   |
| Do you have any losses carried forward from previous years?                    | YES 🗆         | <b>NO</b> □ |   | Amount            |
| Non-Primary Production carried forward losses:                                 |               |             |   |                   |
| Primary Production carried forward losses:                                     |               |             |   |                   |
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| Have you made any personal superannuation contributions in excess of those made for you by your employer?  | YES 🗆   | NO 🗆             | For example to qualify for the<br>CoContribution If yes please provide details<br>below      |
|--|---------|------------------|--|
| How/When were contributions made:  |         |                  |  |
| Name of Fund :   |         |                  | Amount (if not on PAYG Summary)  |
| Policy Number:   |         |                  |  |
| Did you make any Superannuation contributions on behalf of spouse  | YES 🗆   | <b>NO</b> □      | If yes please provide details below  |
| How/When were contributions made:  |         |                  | Amount (if not on PAYG Summary)  |
| Name of Fund & Policy Number:  |         |                  | ,  |
| ·  | YES 🗆   |                  |  |
| Do you have a Forestry Management Investment Scheme Deduction  |         |                  |  |
| Do you have Income Protection Insurance?   |         |                  | If yes please provide details below  |
| Name of Fund & Policy Number:  |         |                  | Amount   |
| TAX OFFSETS  |         |                  |  |
|  |         |                  |  |
| Did you maintain a person over 16 who is caring for an invalid   | YES 🗆   | NO 🗆             | If yes we will contact you for more  |
| Note since 1 <sup>st</sup> July, 2014 the tax offsets (rebates) for dependants, including spouses, have been removed. An offset is only available if you maintain someone who is caring for an invalid.  |         |                  | information so don't hesitate to tick yes if you are unsure                                  |
| Do you have Private Health Insurance?  | YES 🗆   | NO 🗆             | If yes please provide a copy of the Annual Tax Statement issued by your fund.                |
| Does your private health insurance cover all children including ones living with you that are not yours and your children who do not live with you?  | YES 🗆   | NO 🗆             |  |
|  |         |                  |  |
|  |         |                  | If yes please provide details below.   |
|  |         |                  | See the map at the bottom of this BANTACS  |
| During the financial year did you live in a remote zone or have you<br>served overseas with the Defence Force?   | YES 🗆   |                  | website page to see the area covered by a zone: <u>bantacs.com.au/travelling_workers.php</u> |
| LOCATION, INCLUDE POSTCODE IF IN AUSTRALIA   |         |                  | NUMBER OF DAYS IF LESS THAN 183  |
|  |         |                  |  |
|  |         |                  |  |
|  |         |                  |  |
|  |         |                  | If No please list zones for last year as well  |
| If total days above are less than 183, did you claim a zone rebate last  |         |                  | ······   |
| year?  | YES 🗆   | NO 🗆             |  |
|  |         |                  |  |
| Note: If you lived in a zone for more than 183 days, please list the names and dates of birth of your children   |         |                  |  |
| 0  |         |                  |  |
| OTHER  |         |                  |  |
| Are you aware of an entitlement to the Medicare exemption/<br>reduction? For example because you were covered by the Defence<br>Force or you received notification from Centrelink that your benefit<br>included an exemption from Medicare. For example temporary |         |                  |  |
| residents on a 457 visa.   | YES 🗆   | NO 🗆             |  |
| Did you become a tax resident of Australia during the financial year?  | YES 🗆   | <b>NO</b> □      | Date: / /  |
| Did you stop being a tax resident of Australia during the financial year?  | YES 🗆   | <b>NO</b> □      | _Date: / /   |
| Has the ATO notified you that you have been selected for an audit or other type of review?   | YES 🗆   | <b>NO</b> 🗆      | If yes please provide a copy of ATO correspondence   |
| Do you owe any money to any government department (e.g. Child Support, HELP, Family Tax Benefit debts)?  | YES 🗆   | <b>NO</b> □      | To Whom:   |
| CONFIDENTIAL Individual Tax Re   |         |                  | 7 of 9   |
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| Did you receive any capital returns on any listed company shares?                           | YES 🗆 | <b>NO</b> □ | If yes please provide details   |
|---|-------|-------------|---|
| If you paid child support this financial year, please list the amount here :                | \$    |             | If yes please provide details   |
| Did you sell a property completely covered by the main residence exemption during the year? | YES 🗆 | NO 🗆        | If your property was not completely covered<br>by the main residence exemption, please fill<br>out our Capital Gain Schedule:<br>www.bantacs.com.au/docs/m4.pdf |

### MEDICAL EXPENSES TAX OFFSET -

From this year through to the 2018/2019 financial year, the only medical expenses that will qualify for the tax offset are disability aids, attendant care or aged care.

| Disability Aids:         | •  |
|--------------------------|----|
|                          | \$ |
| Attendant and Aged Care: | \$ |

### **SUBSTANTIATION**

Usually a receipt is required showing the item purchased, the amount, the date and the name of the supplier is required to claim a tax deduction for a work related expense. Private use may need to be apportioned. For more information refer to our wage earners booklet in the Freebies section of the BAN TACS web site: <u>www.bantacs.com.au/booklets/Wage\_Earners\_Booklet.pdf</u>. Many of the following expenses require a one month diary or similar record. You can purchase all the spreadsheet templates you need to keep these records for just \$5.95 from the BAN TACS website Shopping section: <u>http://www.bantacs.com.au/shop-2/diary-template/</u>.

**Laundry –** You can claim 50 cents per mixed load and \$1 per full load of qualifying uniforms or protective clothing, up to \$150 per year. Simply take your average loads per week and multiply it by the number of weeks you worked.

**Less Than \$300 –** If you claim less than \$300 in work related expenses such as self education, tools, uniforms, protective items, stationery, union fees, etc you do not need to substantiate your claim with receipts. Any claim you make for motor vehicle expenses or travel costs (includes tolls and parking) is not counted towards the \$300 limit.

**Less Than \$10 –** If each individual expense is less than \$10 and the total of all such expenses does not exceed \$200 you do not need to keep a receipt but must have a diary entry showing the name of the supplier, date, amount and a description of the purchase. This also applies when you can't get a receipt such as parking meters.

Allowances – Each year the ATO produces a list of what it considers reasonable travel allowances. If your employer pays you an allowance and you do not claim more than the amount listed by the ATO as reasonable you do not have to substantiate with receipts the amount you incurred. But you do have to have incurred the expense. A diary entry of your food expenses is sufficient. If you are away from home for more than 5 nights you will need to keep a travel diary of what you did each day. You can still claim up to the ATO reasonable amount even if your employer paid you less as long as it was a bona fide allowance (ie not just \$5 per night but sufficient to live off).

The ATO also releases what it considers a reasonable overtime meal allowance each year. Again you can claim up to this amount even if your employer pays you less but you must be paid the allowance under an award.

**Electricity** – The ATO allows you 45 cents per hour for every hour you are working at home in an office separate from the rest of the family. This covers electricity and maintenance on the room. Keep the diary for 1 month.

**Motor Vehicle –** By keeping a diary for one month each year you can claim up to 5,000 kilometres per vehicle you own. If you own a car together with another person and it is only their name on the registration papers they can complete a declaration of joint ownership so you can claim it. You are also considered to be the owner of a car even if it is registered in the name of another family member but you are the one who pays all the expenses relating to it.

**Telephone** – To claim STD and mobile calls from your home phone go through one month's itemised account and work out the numbers that are work related. This percentage of work related calls can be applied to the mobile and STD calls in the other months. Local calls can be apportioned by keeping a diary for one month noting the ratio of private to work related local calls. Line rental can also be apportioned.

**Mobile Phones –** Analyse one month's statement and apply its ratio of work to private calls to the rest of the year. **Commissioner's Discretion –** If you have sufficient evidence that you have incurred the expense and would be have been entitled to a deduction if you had a receipt then the ATO must still allow you the deduction but it needs to be beyond doubt that you incurred the expense.

Work related Travel – Wage earners can claim their motor vehicle expenses when they meet the substantiation requirements and they travel as follows:

| CONFIDENTIAL                        | Individual Tax Return – Mail-in             | 8 of 9                               |
|-------------------------------------|---|--------------------------------------|
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- Bulky Equipment Home to work travel is claimable if there is no safe storage at work and as a result you transport bulky equipment between home and work. Safe storage is defined as similar to your own personal locker. Therefore a container on a building site to which all and sundry has a key is not safe storage. Case S29 prescribed more than 20kg was bulky. Taxpack gives the example of a ladder and drum kit not because they weigh more than 20kg but because they fulfill the difficulty to carry side of bulky.
- 2) Abnormal workplace, this is defined in Taxpack as:

From your normal workplace to an alternative workplace – for example, a client's premises – while still on duty and back to your normal workplace or directly home. From your home to an alternative workplace for work purposes and then to your normal workplace or directly home.

This includes being sent to another branch or shop to relieve providing you were not employed predominantly to relieve. It covers seminars and visits to customers. It also includes work related tasks performed on the way home or to work but, note MT 2027, the task cannot be insignificant such as dropping off the mail. But if you have to travel out of your way to drop off the mail you can claim for this extra distance. For more refer TD 96/42 & TD 96/43.

- 3) Between Jobs note this includes travel from home when home is the base of operations or work begins there. Home can be considered a base of employment if employment related duties have begun before leaving there, providing those employment related duties did not begin merely for the convenience of the taxpayer.
- 4) Itinerant work Your job involves travelling to more than one place of work before returning home.

For more information refer our Claiming a Motor Vehicle Booklet which is in the Freebies section of the BAN TACS web site, <a href="http://www.bantacs.com.au/booklets/Claiming\_A\_Motor\_Vehicle\_Booklet.pdf">www.bantacs.com.au/booklets/Claiming\_A\_Motor\_Vehicle\_Booklet.pdf</a>.