# COUNTING BEANS A.F.

**Postal Address** PO Box 184 RINGWOOD EAST VIC 3135 **Street Address** 8 Railway Avenue RINGWOOD EAST VIC 3135 Website www.cbaf.com.au **Email** admin@cbaf.com.au Phone 03 9870 1477 0493 090 359 CHECKLIST/OTHER INFORMATION 2024-25 Name (Full name) \_\_\_/\_\_\_/\_\_\_ Date of Birth Email **Home Address** Postal Address (if different) Telephone Home/Work Mobile \_\_\_\_/\_\_\_(only if first year with us) Tax File No. Note, if this is your first year with us, we will need to verify your identity. Please drop into the office and provide your driver's licence and/or passport (or email/text through a copy). Once this checklist has been received and checked, and assuming there is no further information required, we will email you the completed tax return for electronic signing. Ensure your email address is listed above. Bank Account / EFT Details Have your bank account details changed since last year? Yes/No If "Yes", please provide your updated bank account details (the ATO no longer issue cheques).

BSB (6 digits)

Account Number
Account Name

1. Spouse (married or de facto) including	same sex:				
Name of spouse, if applicable:					
Spouse's date of birth:	/		/		
Was there a change in your relationship e.g. commenced/ceased living together?		_		de facto)?	Yes/No
If this office prepares your spouse's tax r	eturn, go to	Q.2.	If not please provide:		
Spouse's taxable income for that year?			\$		
Spouse's "reportable fringe benefits" (if	applicable):				
		Ex	empt Fringe Benefits	\$	
	NO	ON Ex	empt Fringe Benefits	\$	
Spouse's "reportable employer super 'Employer superannuation contribution statement; it is the amount above the su	on' amount	liste	ed on the income	\$	
Spouse's "reportable personal super con	tributions"?			\$	
Spouse's "net financial investment loss" (if applicable)?			\$		
			\$		
2. Dependent Children					
Full Names	Date o	f birtl	Student in 20 Circle for either Secondary, Terti Applicab	Primary, ary, or Not	Was the dependent child's income > \$1,786?
	/	/	P,S,T,1	N/A	Yes / No
	/	/	P , S , T, N	N/A	Yes / No
	/	/	P , S , T, 1	N/A	Yes / No
	/	/	P,S,T,1	N/A	Yes / No
Attach a separate page if more than four	dependents	5.			
3. Child Support Paid					
Did you pay child support during the yea	r for depend	lent c	hildren not living with	you?	Yes/No
If "Yes", Child's name / Amt Paid:			<u> </u>	_	
Child's name / Amt Paid:			\$	_	
Child's name / Amt Paid:			\$	_	
Child's name / Amt Paid:			<u> </u>	_	
4. Salary & Wages					
Were you employed during the year? If	yes, please c	ompl	ete below:		Yes/No
Employer name:	Occupation:				
Employer name:	me: Occupation:				
Employer name:		Occi	ination:		

Did you cease with any employer during the year, and receive an ETP from that employer?	Yes/No
6. Government Payments	
Did you receive payments from the Government during the year (not including Family Tax Benefits or other non-assessable payments)?	Yes/No
e.g. Paid Parental Leave paid directly from the Family Assistance Office, Newstart, Youth Allowance, Austudy, Parenting Payment, Partner Allowance, Age Pension, Carer Payment, Age Service Pension, Dept. Vet Affairs assessable payments, etc.	
7. Superannuation Pensions	
Superannuation pensions are generally exempt income for those over the age of 60. However, some superannuation pensions paid from untaxed sources, e.g. the ESSS fund <i>are</i> assessable to the recipient.	
Did you receive an assessable Super Pension during that year?	Yes/No
If so, please attach copies of any year end documentation received from your super fund.	
8. Superannuation Lump Sums	
Did you receive an assessable Superannuation Lump Sum during the year?	Yes/No
If so, please attach the tax documentation received from your super fund in relation to this lump sum received.	
9. Interest Received?	Yes/No
If yes, please provide bank name and amount received in that year (your share only, e.g. if joint account, include your share of interest only).	
10. Dividends Received?	Yes/No
If yes, please provide either a summary of all the franked, unfranked and imputation credit amounts, <b>or</b> copies of all dividend slips received during the year.	
11. Managed Funds Distributions?	Yes/No
If yes, please attach the "Annual Tax Statement" issued by the Managed Fund. Note: Some Managed Funds do not issue their Annual Tax Statements until as late as November.	
12. Partnership/Trust Distributions (apart from Managed Funds)?	Yes/No
e.g. family and/or business partnerships/trusts. If yes, please provide details.	
13. Business Income including consulting and Personal Services Income (PSI)?	Yes/No
If so, please provide: (we will contact you for the further information required)	
Name of business:	
ABN:	
Nature of business:	
14. Capital Gains	
Did you sell (or transfer) any capital gains taxable (CGT) assets during the year (whether you made a gain or loss)?	Yes/No
Such assets include (but are not limited to) shares, real estate, collectables, cryptocurrency and other investments. If yes, please provide details of the sale amount and cost base information.	
If yes to Q.14, were you a non-resident for tax purposes at any time during the ownership	Yes/No

5. Employment Termination Payments (ETP)

period of these CGT assets? If yes, please provide dates.

#### 15. Foreign Income

Did you receive any income from overseas? If yes, details.

Yes/No

## 16. Rental Property Income

Did you have a rental property during the year?

Yes/No

If yes, please also complete a separate "Rental Worksheet" for each rental property (download it from the "Resources" tab at our website: <a href="www.cbaf.com.au">www.cbaf.com.au</a> or contact our office for a copy).

## 17. "Sharing Economy" Income

Did you receive any income from the "Sharing Economy"?

Yes/No

e.g. Airbnb, Stayz, Uber, Airtasker, etc. If yes, provide details.

#### 18. Other Income

Did you receive any other assessable income not already listed?

Yes/No

e.g. tips, allowances and/or cash wages not processed through your employer's payroll, royalties, employee share plan benefits, income replacement insurance receipts, assessable life insurance bonuses, etc. If yes, provide details.

#### 19. Health Insurance

Did you have private health insurance cover during the year?

Yes/No

Note, we will be able to access your private health insurance statement online; the health funds no longer provide these statements to you.

If yes, did the private health insurance also cover your spouse and dependent children for the entire year?

Yes/No

Note, if you received the government rebate off your private health insurance premiums and your income level was >\$97k (or \$194k for families), the rebate will be reduced, and your tax refund/payment will be adjusted accordingly.

## 20. Medicare Levy

Medicare levy exemption usually applies to blind pensioners, Gold Card holders, and non-Australian residents. Are you exempt from the Medicare levy?

Yes/No

## 21. HELP/SSL/TSL Debts

Do you have an existing HELP/SSL/TSL university/student/trade school debt (also commonly referred to as "HECS")?

Yes/No

## 22. Superannuation

Did the total of all your paid employer super contributions (including compulsory super plus salary sacrificed super) exceed \$30,000? (if in doubt, check with your Superfund/s as to the amounts they received during the financial year).

Yes/No

Did you make a contribution on behalf of your spouse? If yes, please provide details.

Yes/No

Did you make a personal voluntary concessional super contribution, i.e. deductible contribution for yourself (not including employer contributions/salary sacrifice)? If yes, please attach a copy of your super fund's acknowledgement letter.

Yes/No

23. Car Ex	penses	
•	r either a company car, a salary sacrificed vehicle, or novated under a lease ent with your employer?	Yes/No
If "Yes", go	o to Q24.	
If "No", d work)?	id you use your own car for employment purposes (apart from travel to/from	Yes/No
If yes, plea	ase provide the following details (you must have records as proof):	
	Total kilometres travelled, work	
	Make	
	Model	
	Registration No.	
	Reason for work related travel	
We may c	ontact you in relation to further car expense information required.	
24. Travel	Expenses	
	ncur travel expenses for employment purposes (e.g. work related toll charges, travel, etc.) that were <u>not</u> reimbursed by your employer?	Yes/No
If yes, pro	vide details.	
25. Work-	Related Clothing Expenses	
(ir	d you incur work-related logo-ed uniform, occupation specific or protective ocluding sun protection items, e.g. hat, sunglasses, sunscreen) clothing (e.g. HiVis) expenses?	Yes/No
lf ·	yes, please provide details.	
	re you required to wear a logo-ed uniform and launder it? If so, how many mes a week do you wash the logo-ed uniform from home? p.w	Yes/No
26. Self-Ed	lucation Expenses	
Did you in	ncur self-education/training expenses directly related to your <i>current</i> income ctivities?	Yes/No
If yes, plea	ase provide details of your course and the associated expenses.	
27. Covid	Supplies Required for Work Purposes	
	ourchase any work related personal protective equipment (PPE), face masks, RAT's used only for work purposes?	Yes/No
If yes, plea	ase provide receipts.	
28. Home	Office	
Do you un	dertake any of your employer's work from your home?	Yes/No
If "Yes", p	ease provide the total hours for the year:	
	named must have evidence of total hours worked from home e.g. timesheet roster, es, log of hours.	
29. Intern	et Service Provider (ISP) Costs	
Did you us	se your ISP to undertake your employer's work from home?	Yes/No
If yes, plea	ase provide <i>total</i> amount paid for the year: \$	
What is yo	our work related percentage?%	
Note: The	ATO expect a one month log/analysis to be kept annually to substantiate this %.	

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Did you incur telep	hone/mobile costs in relation to you	r employer's work?	Yes/No
If yes, please provid	de <i>total</i> amount paid for the year: \$_		
What is your work	related percentage?	_%	
Note: The ATO exp	ect a one month log to be kept annu	ally to substantiate this %	).
31. Equipment			
Did you purchase webcam, printer, e	work related equipment e.g. tools tc?	of trade, computer, lap	top, iPad, Yes/No
If yes, list details of	all purchases (or provide copies of r	receipts):	
Date paid:	Description:	Amount:	Estimated work related % **
//	_	\$	%
//		\$	%
//		\$	%
//	_	\$	%
** Note, the ATO e	expect a one month log/analysis to be	e kept annually to substar	ntiate this %.
professional memb	other work-related expenses not pership fees, stationery, etc.	alleady listed! e.g. di	nion fees, Yes/No
If yes, please provid	de details.		
Date paid:	de details.  Description:	Amount:	Estimated work related % **
	Description:	<b>A</b>	related % **
Date paid:	Description:	\$	related % **
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Date paid: //	Description:  De	\$\$ \$\$ \$\$ the year? If yes, please properties of \$2 & above are tax	related % ** %%%%
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Date paid:  // // // // // // // // // // // // //	Description:  De	\$\$ \$\$ \$\$ she year? If yes, please properties of \$2 & above are tax dividends received? e.g	related % ** %%%%

If yes, provide a copy of the letter from the insurance company detailing the premiums.

# 36. Cost of Managing Tax Affairs

Did you incur costs during 2024-25 apart from fees paid to Counting Beans Pty Ltd to manage your tax affairs, e.g. fees paid to a former/other registered tax agent, postage costs, travel costs to attend this office, etc. If yes, please provide details.

## 37. Foreign Assets

Do you have foreign assets worth more than AUD\$50,000?

Yes/No

If you have any questions regarding any item in this checklist, please contact our office. Please sign and date, then return the completed checklist (by post, email, or in person).

I hereby declare the answers and information included in this completed checklist are accurate. I authorise Counting Beans Pty Ltd to handle all my tax affairs, including the preparation of my 2024-25 tax return based on this completed checklist.

Signed:	
Name:	
Date:	

- \* Don't forget to provide your identification documents (new clients only).
- \* Don't forget to include any other relevant documents e.g. receipts etc.
- \* Don't forget to sign and date above.