



Tax Return - Deduction Claim

MOTOR VEHICLE: Did you use your car for work (driving to & from work is not deductible) Yes / No
 If yes, describe how you used it for work. =>

| | | | |
|-------|-------|--------|---------------------------|
| REGO: | Make: | Model: | Total work Km's travelled |
|-------|-------|--------|---------------------------|

Describe how kilometres calculated

| | | |
|--|------------------------------------|----------|
| | Did you keep a log book of travel? | Yes / No |
|--|------------------------------------|----------|

TRAVEL: Were you required to be absent from your normal home overnight for work? Yes / No

| | | |
|---------------------------------|----------------------|----------|
| Destination / Reason for travel | Were you reimbursed? | Yes / No |
|---------------------------------|----------------------|----------|

Costs not reimbursed - (include Accommodation, meals and fares)

UNIFORM: Are you required to wear a uniform to work that is logoed AND compulsory Yes / No

Describe uniform

List all purchases during year. =>

Are you required to wear protective clothing e.g. safety boots, aprons, safety vests etc? Yes / No

List all purchases during year & amounts. =>

| | | | | |
|-------------------------|----------|------------------|--------------------|----------|
| Do you launder clothing | Yes / No | Washes per week? | washed separately? | Yes / No |
|-------------------------|----------|------------------|--------------------|----------|

SELF-EDUCATION: Did you incur education costs **directly** related to your employment? Yes / No

| | |
|------------------------|-------------|
| Education Institution: | Course name |
|------------------------|-------------|

Expenses incurred:

OTHER DEDUCTIONS: Did you incur any other expenses, which were not reimbursed? Yes / No

eg. diary, union fees, sun protection, replacement tools, telephone, stationery etc. Please list with amounts:

INVESTMENTS: Did you incur any expenses in managing your investments? Yes / No

e.g. brokerage, fees, investment loan interest? Please list =>

DONATIONS: Did you make donations to charities/political parties? Tickets are not deductible Yes / No

List charities & amounts donated =>

| | | |
|---|-------------------|----|
| TAX AGENT FEES: Who did your tax last year? | What was the fee? | \$ |
|---|-------------------|----|

PRIVATE HOSPITAL INSURANCE: Do you have private hospital insurance? Yes / No

| | |
|------------|---------------|
| Fund name: | Member number |
|------------|---------------|

| | | |
|---------------------|-----------------------------------|-----------|
| Type/level of cover | Ancillary OR Hospital OR Combined | Excess \$ |
|---------------------|-----------------------------------|-----------|

| | | |
|-----------|----------|---|
| Full year | Yes / No | If not covered for full year, list dates covered/...../..... To/...../..... |
|-----------|----------|---|

ZONE OFFSET: Principal Place of residence in past 12mths (include how many days)

Do you claim the zone offsets for your dependents? Yes/No

DECLARATION: I certify that I have incurred the costs detailed above and can supply documentation supporting each claim made.

SIGNATURE => X _____

Please return with other forms to Cape York Accounting Smithfield

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