

# COUNTING BEANS A.F.

**Postal Address** PO Box 184  
RINGWOOD EAST VIC 3135

**Offices** 8 Railway Avenue, RINGWOOD EAST VIC 3135  
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## CHECKLIST/OTHER INFORMATION 2024-25

**Name (Full name)** \_\_\_\_\_

**Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Email** \_\_\_\_\_

**Home Address** \_\_\_\_\_  
\_\_\_\_\_

**Postal Address** (if different) \_\_\_\_\_  
\_\_\_\_\_

**Telephone** Home/Work \_\_\_\_\_  
Mobile \_\_\_\_\_

**Tax File No.** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (only if first year with us)

*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 situation during the year (married or de facto)? **Yes/No**  
 e.g. commenced/ceased living together? If yes, please provide details/dates.

If this office prepares your spouse's tax return, go to Q.2. If not please provide:

Spouse's taxable income for that year? \$ \_\_\_\_\_

Spouse's "reportable fringe benefits" (if applicable):

Exempt Fringe Benefits \$ \_\_\_\_\_

NON Exempt Fringe Benefits \$ \_\_\_\_\_

Spouse's "reportable employer super contributions"? Note, this is *not* the 'Employer superannuation contribution' amount listed on the income statement; it is the amount above the super guarantee (i.e. > 11.5%) \$ \_\_\_\_\_

Spouse's "reportable personal super contributions"? \$ \_\_\_\_\_

Spouse's "net financial investment loss" (if applicable)? \$ \_\_\_\_\_

Spouse's "net rental property loss" (if applicable) for that year? \$ \_\_\_\_\_

**2. Dependent Children**

| Full Names | Date of birth      | Student in 2024-25?<br>Circle for either Primary,<br>Secondary, Tertiary, or Not<br>Applicable | Was the dependent<br>child's<br>income ><br>\$1,786? |
|------------|--------------------|--|--|
| _____      | ____ / ____ / ____ | P, S, T, N/A   | <b>Yes / No</b>                                      |
| _____      | ____ / ____ / ____ | P, S, T, N/A   | <b>Yes / No</b>                                      |
| _____      | ____ / ____ / ____ | P, S, T, N/A   | <b>Yes / No</b>                                      |
| _____      | ____ / ____ / ____ | P, S, T, N/A   | <b>Yes / No</b>                                      |

Attach a separate page if more than four dependents.

**3. Child Support Paid**

Did you pay child support during the year for dependent children not living with you? **Yes/No**

If "Yes", Child's name / Amt Paid: \_\_\_\_\_ \$ \_\_\_\_\_

**4. Salary & Wages**

Were you employed during the year? If yes, please complete below: **Yes/No**

Employer name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer name: \_\_\_\_\_ Occupation: \_\_\_\_\_

**5. Employment Termination Payments (ETP)**

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 *are* 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, **or** 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 period of these CGT assets? If yes, please provide dates. **Yes/No**

## 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: [www.cbaf.com.au](http://www.cbaf.com.au) 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 Expenses

Is your car either a company car, a salary sacrificed vehicle, or novated under a lease arrangement with your employer? **Yes/No**

If "Yes", go to Q24.

If "No", did you use your own car for employment purposes (apart from travel to/from work)? **Yes/No**

If yes, please 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 contact you in relation to further car expense information required.

### 24. Travel Expenses

Did you incur travel expenses for employment purposes (e.g. work related toll charges, interstate travel, etc.) that were not reimbursed by your employer? **Yes/No**

If yes, provide details.

### 25. Work-Related Clothing Expenses

(a) Did you incur work-related logo-ed uniform, occupation specific or protective (including sun protection items, e.g. hat, sunglasses, sunscreen) clothing (e.g. HiVis) expenses? **Yes/No**

If yes, please provide details.

(b) Are you required to wear a logo-ed uniform and launder it? If so, how many times a week do you wash the logo-ed uniform from home? \_\_\_\_ p.w **Yes/No**

### 26. Self-Education Expenses

Did you incur self-education/training expenses directly related to your *current* income earning activities? **Yes/No**

If yes, please provide details of your course and the associated expenses.

### 27. Covid Supplies Required for Work Purposes

Did you purchase any work related personal protective equipment (PPE), face masks, sanitisers, RAT's used only for work purposes? **Yes/No**

If yes, please provide receipts.

### 28. Home Office

Do you undertake any of your employer's work from your home? **Yes/No**

If "Yes", please provide the total hours for the year: \_\_\_\_\_

Note: You must have evidence of total hours worked from home e.g. timesheet roster, diary entries, log of hours.

### 29. Internet Service Provider (ISP) Costs

Did you use your ISP to undertake your employer's work from home? **Yes/No**

If yes, please provide *total* amount paid for the year: \$\_\_\_\_\_

What is your work related percentage? \_\_\_\_\_%

Note: The ATO expect a one month log/analysis to be kept annually to substantiate this %.

**30. Phone**

Did you incur telephone/mobile costs in relation to your employer’s work? Yes/No

If yes, please provide *total* amount paid for the year: \$\_\_\_\_\_

What is your work related percentage? \_\_\_\_\_%

Note: The ATO expect a one month log to be kept annually to substantiate this %.

**31. Equipment**

Did you purchase work related equipment e.g. tools of trade, computer, laptop, iPad, webcam, printer, etc? Yes/No

If yes, list details of all purchases (or provide copies of receipts):

| Date paid:  | Description: | Amount: | Estimated work related % ** |
|-------------|--------------|---------|-----------------------------|
| ___/___/___ | _____        | \$_____ | _____%                      |
| ___/___/___ | _____        | \$_____ | _____%                      |
| ___/___/___ | _____        | \$_____ | _____%                      |
| ___/___/___ | _____        | \$_____ | _____%                      |

\*\* Note, the ATO expect a one month log/analysis to be kept annually to substantiate this %.

**32. Other Work-Related Expenses**

Did you incur any other work-related expenses not already listed? e.g. union fees, professional membership fees, stationery, etc. Yes/No

If yes, please provide details.

| Date paid:  | Description: | Amount: | Estimated work related % ** |
|-------------|--------------|---------|-----------------------------|
| ___/___/___ | _____        | \$_____ | _____%                      |
| ___/___/___ | _____        | \$_____ | _____%                      |
| ___/___/___ | _____        | \$_____ | _____%                      |
| ___/___/___ | _____        | \$_____ | _____%                      |
| ___/___/___ | _____        | \$_____ | _____%                      |

Attach a separate page if more than five items.

**33. Donations**

Did you make donations to registered charities during the year? If yes, please provide copies of all the receipts (which must state: “Donations of \$2 & above are tax deductible”). Yes/No

**34. Interest & Dividend Deductions**

Did you incur expenses in relation to interest and dividends received? e.g. financial planners ongoing review fees, interest paid on related loans. Yes/No

If yes, please provide details.

**35. Income Protection Insurance**

Did you pay premiums for income protection insurance during the year? Yes/No

If yes, did you pay the premiums yourself? i.e. not through your superfund and/or not paid by your employer? Yes/No

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. **Yes/No**

### 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.