

TAX RETURN CHECKLIST

Please ensure you fully complete ALL relevant questions and provide additional information as necessary on separate sheets and securely attach all documents to this form.

PERSONAL DETAILS

Your full name

Title Mr Mrs Miss Ms Dr

Date of birth Tax File Number (TFN)

Address

Email

Occupation

Phone Mobile Home Work

Spouse name DOB Income

Please provide a copy of your spouse's income tax return if not prepared by our office

No. of Children Under 21 22-24 Studying full time

INCOME

Tick if applicable and provide paperwork

- Salary or wages (this includes paid parental leave payments)
- Bank interest
- Allowances, earnings, tips, Director's fees etc
- Employer lump sum payment
- Employment termination payments
- Australian Government allowances and payments like Newstart, Youth Allowance and Austudy payments
- Australian Government pensions and allowances
- Australian annuities and superannuation income streams
- Australian Superannuation lump sum payments
- Dividends paid (please provide paperwork if shares for all dividends paid including shares owned in Employee Share Plan)
- Distributions from partnerships and/or trusts
- Rental properties (see separate checklist)
- Business income

TAX RETURN CHECKLIST

- Foreign source income (including foreign pensions) and foreign assets or property
- Sale of assets with potential capital gains tax implications
- Proceeds from cashed in/matured Life Policies, Insurance or Friendly Society Bonds
- Forestry management investment scheme income
- Other income (please specify)

WORK RELATED DEDUCTIONS

Once your total work related deductions exceed \$300, you must be able to substantiate your total claim with receipts. Please list the private use percentage where applicable.

1. Car expenses
 - Kilometres travelled (work related)
2. Domestic/Overseas Travel (attach details) Yes No
 - No. of nights stayed out of home Did you receive travel allowance?
3. Work related clothing
 - Purchase of work related clothing \$
 - Purchase of compulsory uniforms \$
 - Purchase of protective clothing \$
 - Dry cleaning of uniforms \$
4. Self education expenses (attach details) Yes No
5. Conferences and seminars (attach details) Yes No
6. Other
 - Union/Professional membership fees \$
 - Books/Reference material \$
 - Sun protection (if working outdoors) \$
 - Telephone and internet \$
 - Home office (hours of use per week) \$

TAX RETURN CHECKLIST

Tolls	\$ <input type="text"/>
Parking	\$ <input type="text"/>
Tools/Equipment <\$300	\$ <input type="text"/>
Tools/Equipment >\$301	\$ <input type="text"/>
Description	<input type="text"/>
Date purchased	<input type="text"/>
Amount	\$ <input type="text"/>
Other (give details)	<input type="text"/>

OTHER DEDUCTIONS

1. School Building Fund donations \$
2. Donations to Charity (NOT Art Union or raffles) \$
3. Tax Agent's fee \$
4. Travel to Tax Agent last year
Kilometres travelled
5. Income Protection insurance \$
6. Self education expenses relating to receipt of your allowance (attach details) Yes No
7. Expenses in relation to any allowances received (attach details) Yes No
8. Business expenses (attach details) Yes No
9. Interest paid on funds borrowed for investments (attach details) Yes No
10. Asset disposals (attach full details) Yes No
11. Superannuation paid by self-employed (include fund name, ABN number and your Policy Number) Yes No
12. Forestry managed investment scheme deduction (attach details) Yes No
13. Any other expenditure relating to your work that you wish to speak to us about? Yes No

TAX RETURN CHECKLIST

REBATES

Medical Expenses – Did your family have expenses on Aged Care, Attendant Care or Disability Aides? (If yes, provide details)

Spouse Superannuation contributions \$

EDUCATION EXPENSES ABOVE \$250

Does your Self Education directly relate to your current work and maintain or improve a skill or specific knowledge?

Degree Provider

Course Fees (paid upfront) \$ Hours studying from home

Amenities Fees \$ Text books \$

Other (please specify)

Did you receive a Taxable Scholarship? Yes No

OTHER INFORMATION

MEDICARE LEVY - Did you and all your dependents have private hospital cover for the entire year? (If yes, include the annual tax advice from your fund) Yes No

SUPER CO-CONTRIBUTION - Did you make an after-tax personal contribution to super during the financial year? Yes No

CHILD SUPPORT - Did you or your spouse pay child support in the financial year? If yes, how much was paid? Yes No
\$

HECS DEBT Yes No

Your refund will now only be credited directly to your bank account, please provide your account details.

Same bank account as last year? Yes No (If no please specify below)

Account name

BSB Account number

I confirm that the above information is correct and that where necessary I hold documentary evidence in support of my claims.

Client signature Date

Client name (printed)