

TAX RETURN CHECKLIST

Client Name

Title Tax File Number

D.O.B

Address

Email

Occupation

Mobile Home

Spouse name Income

Spouse DOB Spouse TFN

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
- Employer 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 form 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 (please specify)
- Sale of assets with potential capital gains tax implications
Please provide us with your SRN/HIN Number _____
- 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 (if using a logbook to record)

Vehicle make & Model	<input style="width: 200px; height: 25px;" type="text"/>	PLEASE PROVIDE SUPPORTING DOCUMENTS
Registration	<input style="width: 200px; height: 25px;" type="text"/>	
Purchase Date	<input style="width: 200px; height: 25px;" type="text"/>	
Purchase Price	<input style="width: 200px; height: 25px;" type="text"/>	
Kilometres Travelled	<input style="width: 200px; height: 25px;" type="text"/>	
Period from	<input style="width: 150px; height: 25px;" type="text"/>	

2. Car Expenses (without logbook recording)

Do you have a valid logbook for the past 5 years? If yes, please provide

Registration	<input style="width: 200px; height: 25px;" type="text"/>
Insurance	<input style="width: 200px; height: 25px;" type="text"/>
Repairs & Maintenance	<input style="width: 200px; height: 25px;" type="text"/>
Fuel & Oil	<input style="width: 200px; height: 25px;" type="text"/>
Depreciation	<input style="width: 200px; height: 25px;" type="text"/>
Interest	<input style="width: 200px; height: 25px;" type="text"/>

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3. Travel Expenses (attach details)

Accommodation	\$	Food	\$	Incidental	\$
Parking	\$	Tolls	\$		

4. Work Related Clothing (only if uniform has a logo)

	\$
Purchase of compulsory uniforms	\$
Purchase of protective clothing	\$
Dry cleaning of uniforms	\$

5. Self Education Expenses (attach details)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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6. Conferences and Seminars (attach details)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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7. Other

Union/ Professional membership fees	\$	
Books/ Reference material	\$	
Sun protection (if working outdoors)	\$	
Telephone and internet	\$	Per month
Home Office		% of use
		Total Hours for financial year

Tools (attach details)

If less than \$300.00

Tools (Description)	Date of Purchase	Amount (\$)

If more than \$300.00

Tools (Description)	Date of Purchase	Amount (\$)

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Date Purchased

Amount

\$

Other (give details)

Other Deductions

1. School Building Fund donations

\$

2. Donations to Charity (NOT Art Union or raffles)

\$

3. Tax Agents Fee

\$

4. Travel to Tax Agent last year

\$

Kilometres travelled

5. Income Protection Insurance (Outside Super)

\$

6. Self-education expenses relating to receipt of your allowance (attach details)

Yes

No

7. Expenses in relations to any allowances received (attach details)

Yes

No

8. Business Expenses

Yes

No

9. Interest paid on funds borrowed for Investments (attach details)

Yes

No

10. Asset Disposals (attach details)

Yes

No

11. Personal Super Contributions (Including Notice of Intent to Claim submissions)

Yes

No

12. Forestry manages 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 Fess (paid upfront) \$
- Hours studying from home
- Text books \$
- Amenities Fees \$
- Other (please specify)

Did you receive a Taxable Scholarship? Yes No

Other Information (Tick if applicable)

- 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)
- SUPER CO-CONTRIBUTION – Did you make an after-tax personal contribution to super during the financial year?
- CHILD SUPPORT – Did you or your spouse pay child support in the financial year? If yes, how much was paid? \$
- HECS DEBT
- Have you made a downsizer super contribution after selling your primary residence? (If yes, please provide supporting documents)
- Have you accessed funds from the First home buyer super saver scheme? (If yes, please provide supporting documents)

TAX RETURN CHECKLIST

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

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

Account Name

BSB

Account Number

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

Client Signature

Client Name

Date