

INCOME TAX RETURN CHECKLIST

Your Details		
Name		
Address		
Postal Address		
Date of Birth / /		
ABN (if applicable)		
Contact Number (Preferred)		
MOB	AH	Work
Email (home) (work)		
Bank Account – (please provide your bank details for electronic refund)		
Account Title :		
BSB	Account Number	
Occupation :		
<ul style="list-style-type: none"> • Do you run your own business as a Sole Trader? YES / NO 	<ul style="list-style-type: none"> • Do you run your own business in a company, trust or partnership? YES / NO 	
SPOUSE DETAILS		
Spouse's Name (please include married / de facto / same sex)		
Spouse's Date of Birth / /		
Spouse's TFN _____	Number of Dependent Children UNDER 18 _____	
Spouse's Approximate Income (if we do not prepare tax return) \$ _____		

INCOME TAX RETURN CHECKLIST

Income		Yes	No	?
1.	Salary and Wages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Allowances, Benefits and Other Salary and Wages Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Lump Sum Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Employment Termination Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Australian Government Allowances and Payments (e.g. Newstart/Youth Allow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Other Australian Government Pensions and Allowances (incl exempt eg Disability etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Australian Annuities and Superannuation Income Streams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Australian Superannuation Lump Sum Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Attributed Personal Services Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Gross Interest <i>(From Banks, Building Societies etc If yes, please provide details)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Dividends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Employee Share Schemes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Income from a Trust or Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Capital Gains or Losses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Have you sold or disposed of any assets? Please provide the information for each asset sold: Note: The description of assets is very broad and includes but is not limited to the following: Shares, options, futures, units, property or other personal assets that have been sold.</p>				
15.	Foreign Income (include Foreign Pensions, Property sales or earnings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Rental Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>For first year claims – settlement statement, purchase contract including depreciation schedules, advice from vendor regarding historical construction costs, description and cost of all capital expenditure since purchase.</p>				
<p>The following expenses are generally deductible: advertising for tenants, agent's commission and letting fees, rates, repairs and maintenance, insurance, body corporate fees, borrowing expenses, interest, depreciation of furniture and fittings, travelling exclusively to inspect the property.</p>				
17.	Business Income & Expenditure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Have you carried on a business during the year? If yes, please provide details of income and expenditure relating to your business activity.</p>				
18.	Other Income			
<p>Details \$</p>				

Work Related Expenses

	Yes	No	?																
19. Motor Vehicle Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
<p>Have you incurred any motor vehicle expenses relating to your work? Do you have a current logbook (i.e. kept for 12 continuous weeks during the past four years)? Will your employer verify your claim? If yes, please provide the business percentage ascertained from your logbook as well as total expenses for fuel and oil, interest, leasing, registration, insurance, repairs and maintenance</p> <p><i>Note: Business kilometres are kilometres travelled in relation to earning income but exclude travel between home and work even if the trip is made more than once a day. Picking up the mail on the way to work or home cannot be included. The exception to this home to work rule is if your vehicle is required to carry bulky tools or equipment or your home is your base of employment. Please contact us to discuss if you have any queries regarding this claim.</i></p>																			
20. Travel Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
<p><i>Note: The following details are required to be kept: nature of the activity, the date and approximate time when the activity began and how long it lasted, and where the activity took place. If a detailed itinerary was provided this provides an adequate travel diary.</i></p>																			
21. Work Related Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
<p>A claim can be made for the cost of buying, renting, repairing or cleaning Occupation Specific Clothing, Protective Clothing and Work uniforms.</p>																			
22. Self-Education Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
<p>Did you complete any self-education courses? <u>Will this course help you earn additional income from your current job</u> or obtain formal qualification in your current employment field? <u>Is there a direct connection between your self-education and your current work activities?</u></p> <p>If you answered yes to these questions you will be able to claim expenses that may be claimed include textbooks, stationery, student union fees, travel and depreciation (e.g. computer, home office furniture etc). Also provide details of travel expenses from university to home.</p> <p><i>Note: Payment of HELP, HECS, SFSS, Open Learning fees or AUSTUDY loan repayments are not tax deductions.</i></p>																			
23. Other Work Related Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
<p>Did you incur any of the following expenses: <i>If yes provide details of:</i></p> <table border="1"> <tbody> <tr> <td><input type="checkbox"/> Union Fees?</td> <td><input type="checkbox"/> Have you purchased, insured or repaired equipment used for work related purposes? \$</td> </tr> <tr> <td><input type="checkbox"/> \$</td> <td><input type="checkbox"/> Have you incurred telephone or internet expenses for work related calls or work?</td> </tr> <tr> <td><input type="checkbox"/> Have you paid for meals when working overtime? <i>Note: You can only claim these expenses if you received an overtime meal allowance.</i> \$</td> <td><input type="checkbox"/> \$p/mth Work portion%</td> </tr> <tr> <td><input type="checkbox"/> Do you use your computer for work related purposes? If so, have you purchased any hardware or software?</td> <td><input type="checkbox"/> Internet? \$..... per month Work portion%</td> </tr> <tr> <td><input type="checkbox"/> Have you attended and paid for seminars, conferences and other training? \$.....</td> <td><input type="checkbox"/> Have you purchased books, journals and professional texts? \$</td> </tr> <tr> <td><input type="checkbox"/> Were you required to work from home and wish to claim office expenses?</td> <td><input type="checkbox"/> Costs of sunscreen lotions, hats and sunglasses? \$</td> </tr> <tr> <td><input type="checkbox"/> Have you paid for any formal education provided by a professional organisation?</td> <td><input type="checkbox"/> Have you paid any subscriptions to professional associations or bodies?</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Have you paid Sickness and Accident or Income Protection Insurance premiums?</td> </tr> </tbody> </table>				<input type="checkbox"/> Union Fees?	<input type="checkbox"/> Have you purchased, insured or repaired equipment used for work related purposes? \$	<input type="checkbox"/> \$	<input type="checkbox"/> Have you incurred telephone or internet expenses for work related calls or work?	<input type="checkbox"/> Have you paid for meals when working overtime? <i>Note: You can only claim these expenses if you received an overtime meal allowance.</i> \$	<input type="checkbox"/> \$p/mth Work portion%	<input type="checkbox"/> Do you use your computer for work related purposes? If so, have you purchased any hardware or software?	<input type="checkbox"/> Internet? \$..... per month Work portion%	<input type="checkbox"/> Have you attended and paid for seminars, conferences and other training? \$.....	<input type="checkbox"/> Have you purchased books, journals and professional texts? \$	<input type="checkbox"/> Were you required to work from home and wish to claim office expenses?	<input type="checkbox"/> Costs of sunscreen lotions, hats and sunglasses? \$	<input type="checkbox"/> Have you paid for any formal education provided by a professional organisation?	<input type="checkbox"/> Have you paid any subscriptions to professional associations or bodies?		<input type="checkbox"/> Have you paid Sickness and Accident or Income Protection Insurance premiums?
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Other Deductions			
	Yes	No	?
24. Interest & Dividend Deductions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Gifts & Donations \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Personal Super Contributions & has your Super Fund acknowledged these payments by way of Super Intent to Claim Form? \$.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Offsets			
27. Private Health Insurance Were you a member of a private health fund(s)? Please provide the Annual Private Health Insurance Statement provided by the health fund(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Invalid and Invalid Carer Do you look after a spouse, parent or child who is an invalid? If so, please provide details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Zone Rebate You may be able to claim a tax offset if you lived in a remote area or served in defence forces overseas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Do you receive a Pension -Private Superannuation or Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Information Required			
31. Did you marry during the financial year? If so, what date did you marry?	YES / NO		
(We will require full details on your spouse – Name DOB and their taxable income for the year IF we do not do tax)			
32. Are you a working Holiday maker in Australia on a 417or 462 Visa If so, what date did you arrive your visa end date	YES / NO		
33. Did you become or cease to be an Australian Tax Resident at any time during the year? If so, what date did you cease being a citizen	YES / NO		
34. Did you pay child support during the financial year? If so how much? \$.....	YES / NO		
35. Did you or your spouse receive Family Tax Benefit (FTB) during the financial year? If so how much? \$.....	YES / NO		
36. Did your spouse (if any) receive any superannuation lump sum payments? If so how much \$	YES / NO		
37. Do you have a HECS/HELP debt? If so how much \$	YES / NO		