

Individual Tax Return Checklist

Tax File Number:/...../.....

ABN:

Are you an Australian resident? **YES/NO/UNSURE**

If an immigrant, when did you arrive in Australia?

Name:

Mr/Mrs/Ms/Miss: _____

Name changed since last return? **YES/NO**

If YES, previous name: _____

Postal Address:

Date of Birth:/...../.....

Telephone: (H) _____ (W) _____ (M) _____

Email: _____

Occupation: _____

Spouse details (if applicable): _____

Electronic Fund Transfer Details for Refund

Bank details: BSB: _____ Account number: _____

Account name: _____

- If you are a new client, please provide a copy of your previous tax return and financial statements for all individuals.

Please circle **YES** or **NO** for each of the items listed below:

INCOME – Please provide evidence

- 1. Salary or wages **YES/NO**
- 2. Allowances, earnings, tips, director’s fees etc **YES/NO**
- 3. Employer Lump sum payments **YES/NO**
- 4. Employment termination payments **YES/NO**
- 5. Australian Government allowances and payments like Newstart,
Youth allowance and HELP (or Austudy) payment. **YES/NO**
- 6. Australian Government pension and allowances **YES/NO**
- 7. Australian annuities and superannuation income streams **YES/NO**
- 8. Australia superannuation lump sum payments **YES/NO**
- 9. Attributed personal services income **YES/NO**
- 10. Interest **YES/NO**

Bank	Account number	Amount	Joint Names?

- 11. Dividends **YES/NO**

Company	Date paid	Unfranked Dividends	Franked Dividends	Franking Credits

- 12. Employee Share Schemes **YES/NO**

- 13. Distributions from partnerships and/ or trusts **YES/NO**

14. Net income or loss from business **YES/NO**
15. Net capital gains **YES/NO**
16. Foreign source income (including foreign pensions) and foreign assets or property **YES/NO**
17. Rent **YES/NO**
18. Other income (please specify) **YES/NO**

DEDUCTIONS – Please provide evidence

D1. Work related car expenses

- Cents per kilometre method (up to a maximum of 5,000 kms)
- Please provide log book and details of expenses; for example Fuel, repairs and maintenance, registration, insurance, finance documents, purchase invoice.

D2. Work related travel expenses

Employee domestic travel with reasonable allowance

- If the claim is more than the reasonable allowance rate, do you have receipts for your expenses?

Overseas travel with reasonable allowance

- Do you have receipts for accommodation expenses?
- If travel is for 6 or more nights in a row, do you have travel records? (e.g. a travel diary)

Employee without a reasonable travel allowance

- Did you incur and have receipts for airfares
- Did you incur and have receipts for accommodation?
- Do you have receipts for hire cars (if applicable)?
- Did you incur and have receipts for meals and incidental expenses?
- Do you have any other travel expenses?

Other work-related travel expenses (e.g., a borrowed car,) please specify;

Date Incurred	Description	Amount

D3. Work related uniform and other clothing expenses

- Protective clothing
- Occupation specific clothing
- Compulsory uniforms
- Laundry Expenses (up to \$150 without receipts)
- Other claims such as mending/repairs, etc (please specify)

D4. Work related self-education expenses

Course taken at educational institution:

- Union fees
- Course fees
- Books, stationery
- Depreciation
- Seminars
- Travel
- Other (please specify)

D5. Other work related expenses

- Home office expenses (number of hours worked at home each week)
- Computer and software
- Telephone/mobile phone
- Tools and equipment
- Licences, Registrations and union fees
- Journals/periodicals
- Sun protection products (i.e., sunscreen and sunglasses)

Seminars and courses not at an educational institution:

- Course fees
- Travel
- Other (please specify)

Any other work related deductions (please specify);

Date Incurred	Description	Amount

Other types of deductions

- D7.** Interest deductions **YES/NO**
- D8.** Dividend deductions **YES/NO**
- D9.** Gifts or donations **YES/NO**
- D10.** Cost of managing tax affairs **YES/NO**
- D15.** Income protection insurance premiums
YES/NO
- L1.** Tax losses of earlier income years **YES/NO**

Tax offsets/rebates

- M2.** Did you have private health insurance at any time during the financial year?
YES/NO

(Please provide your Private Health Insurance Annual Statement)

- T3.** Did you make superannuation contributions on behalf of your spouse? **YES/NO** Please provide details.

- T4.** Did you live in a remote area of Australia or serve overseas with the Australian defence force or the UN armed forces during the financial year?

YES/NO

- T5.** Did you have net medical expenses for disability aids, attendant care or aged care? **YES/NO**

(Please provide receipts & total amount to claim)

- T6.** Did you maintain an invalid dependent or a carer spouse? **YES/NO**

Other relevant information

- Are you entitled to the Medicare levy exemption or reduction for the financial year?

Please provide certificate.

- (If yes, please specify): **YES/NO**

- Were you under the age of 18 on 30 June? **YES/NO**

- Did you cease to be an Australian tax resident at any time during the financial year? **YES/NO**

- Did you make a non-deductible (non-concessional) personal super deduction? **YES/NO**

- Did you have a spouse at any time during the income tax year? **YES/NO**

- Do you have a HECS/HELP liability or a student supplement loan debt? **YES/NO**

- Did you pay any Child Support? Please provide amount paid. **YES/NO**

Please advise amount paid during the financial year.

Please provide any other information that you feel will be integral to the preparation of your tax return.

Date Incurred	Description	Amount

Notes to Accountant:

Dated the day of 20....

Signature of taxpayer

Name (print)

These checklists are a guide only. Your personal circumstances may be simpler or more complicated. Please provide any additional information relating to your situation.