Pensioner 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)
Telephone: (H) (W)	
Email: Occupation:	
Email:	
Email: Occupation: Spouse details (if applicable):	

financial statements for all individuals and entities.

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

INCOME – Please provide evidence

1.	Australian Government allowances and payments like newstart,		
	youth allowance and HELP (or Austudy) payment.	YES/NO	
2.	Australian Government pension and allowances	YES/NO	
3.	Australian annuities and superannuation income streams	YES/NO	
4.	Australia superannuation lump sum payments	YES/NO	
5.	Interest (Please provide list)	YES/NO	
6.	Dividends (Please provide dividend notices)	YES/NO	
7.	Distributions from partnerships, trusts or managed funds	YES/NO	
8.	Net capital gains (Did you sell any investments?)	YES/NO	
9.	Foreign source income (including foreign pensions) and foreign		
	assets or property	YES/NO	

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
D12.	Deductible amount of undeducted purchase price of a foreign	
	pension or annuity	YES/NO
L1.	Tax losses of earlier income years	YES/NO

Tax offsets/rebates

T2.	Are you a senior Australian?	YES/NO
T3.	Are you a pensioner?	YES/NO
T4.	Did you receive a superannuation income stream?	YES/NO
T5.	Did you have private health insurance during the financial year?	YES/NO

T9.	Di	d you have net medical expenses for disability aids,	
	att	tendant care or aged care?	YES/NO
	(pl	ease provide receipts & total amount to claim)	
T10.	Die	d you maintain a parent, spouse's parent or invalid relative?	YES/NO
<u>Othe</u>	er rele	evant information	
		Are you entitled to the Medicare levy exemption or reduction year?	in the financial
		(If yes, please specify):	YES/NO
		Did you cease to be an Australian tax resident at any time	
		during the financial year?	YES/NO
		Did you have a spouse at any time during the financial year?	YES/NO
Note	s to A	Accountant:	
Date		day of 20	
	S	ignature 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.