



## INDIVIDUAL TAXATION RETURN CHECKLIST

**CLIENT NAME:** \_\_\_\_\_

Date documents provided: \_\_\_\_\_

To help us to complete your work in a more timely manner please complete this document and provide the necessary information.

**(Please tick the boxes if you have attached the relevant information)**

### Contact Details:

Home Address \_\_\_\_\_

Postal Address (if different to above) \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### Bank EFT Details:

BSB Number \_\_\_\_\_ Account Number \_\_\_\_\_

Account Name \_\_\_\_\_

### Income

#### Salaries:

Payment Summaries (Group Certificates)

Eligible Termination Payment Summaries

Allocated/Complying Pension Summaries and associated statements

#### Investment Income:

Interest Received  Details of any share sales / purchases

Dividends Received (provide dividend statements or summary)  Rental Property statements

Managed Fund distribution statements and annual tax summary  Rental Property deductions (i.e. loan statements, rates, repairs, insurance etc)

**Deductions - Work Related:**

Motor vehicles:

Kilometres Travelled: \_\_\_\_\_ Odometer Reading 30 June: \_\_\_\_\_

**Expenses Paid:**

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| Travel Expenses<br>(i.e. Work related train, taxi & airfares)    | <input type="checkbox"/> | Sickness and Accident / Income<br>Protection Insurance | <input type="checkbox"/> |
| Uniforms and Protective Clothing                                 | <input type="checkbox"/> | Tax Agent Fees   | <input type="checkbox"/> |
| Self Education Expenses<br>(fees, books, stationary, travel etc) | <input type="checkbox"/> | Memberships / Subscriptions                            | <input type="checkbox"/> |
| Union Fees   | <input type="checkbox"/> | Donations  | <input type="checkbox"/> |
| Tools of Trade   | <input type="checkbox"/> |  |                          |

**Rebates:**

Private Health Insurance Statement

Personal Superannuation Contributions

Spouse Details Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Income (if we do not do tax): \_\_\_\_\_

**Dependant Details**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Offsets:**

Medical Expenses (if in excess of \$1,500 net of rebates)

Children's education Expenses

(Computers, internet, printers, software, school books, trade tools & stationary)