



Web: www.dmgfinancial.com.au

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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 | <input type="checkbox"/> | Details of any share sales / purchases | <input type="checkbox"/> |
| Dividends Received (provide dividend statements or summary) | <input type="checkbox"/> | Rental Property statements | <input type="checkbox"/> |
| Managed Fund distribution statements and annual tax summary | <input type="checkbox"/> | Rental Property deductions (i.e. loan statements, rates, repairs, insurance etc) | <input type="checkbox"/> |

Deductions - Work Related:

Motor vehicles:

Kilometres Travelled: _____ Odometer Reading 30 June: _____

Expenses Paid:

- | | | | |
|--|--------------------------|---|--------------------------|
| Travel Expenses (i.e. Work related train, taxi & airfares) | <input type="checkbox"/> | Sickness and Accident / Income Protection Insurance | <input type="checkbox"/> |
| Uniforms and Protective Clothing | <input type="checkbox"/> | Tax Agent Fees | <input type="checkbox"/> |
| Self Education Expenses (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)