

# INDIVIDUAL INCOME TAX RETURN CHECKLIST

## PERSONAL DETAILS

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Contact Ph: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Bank Details for Refund Deposit - **MUST COMPLETE**  
 BSB: \_\_\_\_\_  
 Act No: \_\_\_\_\_  
 Method of payment (circle)  
 CASH      VISA      DEDUCTION      DIRECT CREDIT

## INCOME

### Did you receive any income relating to:

• Salary & Wages - Attached?	Y / N	\$ _____
• Centrelink/Other pensions - Attached?	Y /	\$ _____
• Interest or dividends - see reverse of page	Y	\$ _____
• Trusts/managed funds - Attached?	Y	\$ _____
• Capital Gain from sale of assets- Attached?	Y	\$ _____
• Foreign source income - Attached?	Y	\$ _____
• Rental income and expenses - Attached?	Y /	\$ _____
• Life assurance bonuses - Attached?	Y /	\$ _____
• Business Income - Attached?	Y /	\$ _____
• Other Income - Attached?	Y	\$ _____
• Did you sell your home?	Y /	

## DEDUCTIONS

### Work related car expense claims

Kilometre Claim - number of kms (<5,000) # \_\_\_\_\_ kms

Percentage claim for work use (Log Book) \_\_\_\_\_ %  
 Interest on Loan \$ \_\_\_\_\_  
 Repairs & Services \$ \_\_\_\_\_  
 Loan / Lease Payments \$ \_\_\_\_\_  
 Car Washes \$ \_\_\_\_\_  
 Fuel \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
 Registration, insurance & RACV \$ \_\_\_\_\_

### Work related travel expenses

Travel	\$ _____	Car Hire	\$ _____
Accommodation	\$ _____	Toll Fees	\$ _____
Meals	\$ _____	Parking	\$ _____
Other	\$ _____	Other	\$ _____

### Work related uniform & other clothing expenses

Protective Clothing \$ \_\_\_\_\_  
 Uniforms \$ \_\_\_\_\_  
 Protective or Non-slip Footwear \$ \_\_\_\_\_  
 Gloves, Aprons, etc. \$ \_\_\_\_\_  
 Laundry (up to \$150 without receipts) \$ \_\_\_\_\_  
 Dry Cleaning \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

### Work related self education expenses

Name of course and institution: \_\_\_\_\_  
 \_\_\_\_\_  
 Course Fees (HELP is not deductible) \$ \_\_\_\_\_  
 Student Union Fees \$ \_\_\_\_\_  
 Books \$ \_\_\_\_\_  
 Travel \$ \_\_\_\_\_  
 Stationery \$ \_\_\_\_\_  
 Equipment \$ \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

## DEDUCTIONS

### Other Work Related Expenses

Power & Gas for working at home	( _____ %)	\$ _____
Computer and Software expense	( _____ %)	\$ _____
Internet Charges	( _____ %)	\$ _____
Telephone – Home	( _____ %)	\$ _____
Telephone – Mobile	( _____ %)	\$ _____
Stationery		\$ _____
Tools and Equipment		\$ _____
Subscriptions		\$ _____
Seminars and Short Courses		\$ _____
Journals / Periodicals		\$ _____
Sunscreen / Sunglasses / Hats		\$ _____
Union Fees		\$ _____
Accident & Sickness Insurance		\$ _____
Business Diary		\$ _____
Overtime Meals (claim against allowance)		\$ _____
Travel Allowance (No. of days) ( _____ )		
Other (please specify)		
_____		\$ _____
_____		\$ _____
_____		\$ _____

### Deductions against investment income

Loan Interest	\$ _____
Bank Fees, Computer, Books etc.	\$ _____
Investment Advice Fees	\$ _____
<b>Personal Superannuation Contributions</b>	\$ _____

Have you attached confirmation from superfund? **Y**

### Other Expenses

Tax Agents Fees	\$ _____
Total Kilometres travelled for preparation of tax # _____ kms	
<b>Gifts or Donations</b>	
Did you contribute at least \$10 to bucket collections Y / N	
_____	\$ _____
_____	\$ _____
_____	\$ _____

## INDIVIDUAL INCOME TAX RETURN CHECKLIST

## TAX OFFSETS/REBATES/OTHER

- |  |     |          |
|--|-----|----------|
| • Did you pay child support<br>(provide details)   | Y N | \$ _____ |
| • Did you have Private Health Insurance<br>(If yes, please attach statement)                                 | Y N |          |
| • Did you make Super contributions on<br>behalf of your spouse   | Y   | \$ _____ |
| • Do you have an accumulated HELP debt   | Y   | \$ _____ |
| • Do you have an accumulated SFSS loan   | Y   | \$ _____ |
| • Did you incur medical expenses for<br>disability aids, attendant care or<br>aged care in excess of \$2,333 | Y   |          |
| Total medical expenses   |     | \$ _____ |

## SPOUSE DETAILS

Name \_\_\_\_\_

DOB \_\_\_\_\_ Taxable Income \$ \_\_\_\_\_

## HEALTH INSURANCE

Provider

Membership No. \_\_\_\_\_

Medicare No. \_\_\_\_\_

## DEPENDENT DETAILS

Name of Dependent Child	DOB
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### INVESTMENT INCOME DETAILS (INTEREST & DIVIDENDS)

[illegible]

Please tick if you would like a no obligation consultation with a specialist.

- 1 ☐ Review of your Superannuation
- 2 ☐ Review of your Mortgage/Loans
- 3 ☐ Income Protection Insurance Advice on
- 4 ☐ Investment in Property Advice on
- 5 ☐ Investment in Shares Life, Trauma &
- 6 ☐ Crisis Insurance Advice on Personal
- 7 ☐ Budget Preparation of a Retirement
- 8 ☐ Plan

Best Phone number to contact you on \_\_\_\_\_

## OTHER TAX QUESTIONS OR QUERIES

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