

PREPARATION CHECKLIST

Individual Income Tax Return

To assist us in preparing your income tax return, please use this checklist when you compile your information and return it along with your information. Completing the checklist can take some time and effort however your efforts will enable us to process your work more efficiently. This can lead to both time and cost savings as we will not need to come back to you with further requests for information, thus delaying the processing of your return.

PLEASE ENSURE YOU COMPLETE ALL RELEVANT QUESTIONS AND PROVIDE ADDITIONAL INFORMATION AS REQUIRED

	Your Details	Spouse/Partner
Full Name(s)		
Postal Address		
Residential Address		
Email		
Mobile		
Home Phone		

	Financial institution details
BSB Number	
Account Number	
Account Name	

Note: The ATO has now advised that it will only pay refunds via electronic transfer. It will no longer issue refunds in cheque form.

PLEASE ENSURE YOU SUPPLY ALL DOCUMENTATION REQUIRED IF ANY ITEMS ABOVE ARE RELEVANT TO YOU

Income	Yes	No	N/A	If Yes, Amount Received
Salary or wages (please provide PAYG summaries)				
Allowances, earnings, tips, directors fees etc				
Employer lump sum payments e.g. Pro Rata Annual Leave				
Employment Termination Payments				
Australian Government allowances such as newstart, youth allowance, and austudy payments				
Australian Government pensions and allowances				
Australian superannuation pensions or lump sum payments				
Bank Interest (please provide bank interest summary)				
Dividends from companies in Australia (including any reinvested) (please provide dividend statements)				
Distributions from partnerships and/or trusts				
Foreign income (including pensions) and foreign assets or property (including foreign rental properties)				
Rental properties (refer to Rental Property checklist)				
Have you sold any investments or major assets? (eg. Shares or property)				
Have you received any other income?				

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Work related Expenses	Yes	No	N/A	If Yes, Amount Received
Motor Vehicle Expenses (please provide your log book or km's travelled, car make, model and engine size)				
Travel expenses in relation to your employment				
Work related clothing expenses such as purchase of uniforms or protective clothing. Including any laundering or dry cleaning				
Self education expenses (please list course undertaken) and provide a schedule of the expenses				
Union fees or professional memberships				
Conference , Seminar or training courses				
Home office expenses such as telephone, internet & electricity etc. Including an estimate (%) that is work related.				
Tools & equipment including books, stationery and professional libraries				
Parking				
Other work related expenses not listed				

Other expenses & Deductions	Yes	No	N/A	If Yes, Amount
Gifts or donations to charity, including school building funds				
Expenses relating to your dividend & interest income such as bank fees, financial advice & interest on investment loans				
Accountant's or tax agents fee (if we are doing your return for the first time)				
Income protection Insurance				
Superannuation contributions paid by self employed people (please provide a copy of the notice you sent to your super fund; ie. Section 290-170 notice)				
Other deductions not listed				

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Tax Offsets & rebates	Yes	No	N/A
Do you have a dependent spouse?			
Are you a pensioner?			
Did you make superannuation contributions on behalf of your spouse?			
Do you have out of pocket medical expenses above the relevant threshold (\$2,120 for the 20__ / __ financial year)?			
Are you or have you lived in a remote or isolated area of Australia?			
Are you exempt from paying the Medicare Levy, or are eligible for a reduced rate?			
Do you have a H.E.L.P (H.E.C.S.) debt or Student Financial Supplement debt?			

Additional Information

If there is any other information that you consider relevant, or you have particular concerns/queries, please provide us with details and attach information if applicable:

If we are preparing your return for the first time

Tax File Number	
A.B.N	
Date of Birth	
Children's Names	
Children's D.O.B.	

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Client Declaration

I confirm that the above information is correct to the best of my knowledge and that where necessary I hold documentary evidence in support of my claims.

Client Signature _____

Date _____

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