

INDIVIDUAL TAX RETURN CHECK LIST

To assist us in updating our records, please provide the following information:

FULL NAME:	_____	PHONE NUMBER/S	_____
OCCUPATION:	_____	Home:	_____
DOB:	_____	Mobile:	_____
TFN:	_____	E-mail:	_____
ADDRESS:	_____	Bank A/C Details:	_____
	_____		_____
	Postcode		_____

INCOME

Tick if
attached

Checklist
please tick

1. Did you receive Income from Employment?
Please attach Group Certificates Yes No
2. Did you receive any Eligible Termination Payments?
Please attach Statement of Termination Yes No
3. Did you receive Income from Centrelink, ie. Parenting
Payment, Sickness or Unemployment Benefits?
Please attach Centrelink Summary Yes No
4. Did you receive any Interest Income?
Please provide details below Yes No
- | Bank | Amount (\$) |
|------|-------------|
| | |
| | |
| | |
| | |
5. Did you receive any Dividends from Shares?
Please attach Share Dividend Statements Yes No
6. Did you receive any Income from Managed Investments?
(eg. Bankers Trust, Asgard etc)
Please attach Tax Summaries Yes No

- 7. Did you sell any Shares or Real Estate during the Year?**
Please provide details of Original Purchase Price, Net Sale Proceeds and all supporting documentation Yes No

Tick if attached

Checklist please tick

- 8. Did you receive Income from Rental Properties?**
Please provide details of all income & expenditure including real estate agent summaries, loan statements, and all associated costs Yes No

For new Rental Properties, Settlement Statement & Loan Documentation will be required.

	Amount (\$)
Income	
Rent Received	
Outgoing Reimbursed	
Expenses	
Advertising	
Agents commissions and costs	
Body corporate fees/ Strata levies	
Gardening	
Interest expense	
Insurance	
Rates & Taxes -water	
- council	
- land tax	
Repairs (please provide details)	
Loan establishment fees	
Travel to inspect properties	
Construction Costs	

(Note: For properties constructed after 18/7/85 you may be able to claim depreciation on the construction cost of the building. Please contact our office if you would like further details.)

- 9. Did you receive any Other Income?**
(eg. Overseas Income) Yes No
Please provide details and/or supporting documentation

DEDUCTIONS

- 10. Did you use your Motor Vehicle for Work Related Travel?**
Please provide details of kilometres travelled & motor vehicle expenses if applicable Yes No

- 11. Did you incur Travel Expenses whilst on Business Trips?** Yes No

<i>Detail</i>	<i>Amount(\$)</i>

Tick if attached

Checklist please tick

- 12. Did you incur Costs associated with Compulsory Uniforms and/or Protective Clothing?

Yes No

Detail	Amount(\$)

(As the Taxation Office requirements for Deductibility of Uniforms are stringent, please contact our Office if you are unsure as to your particular claim)

- 13. Are you undertaking Self Education related to your employment?
Please provide details including Name of Course, Fees, Books and associated costs

Yes No

- 14. Did you incur any other Work Related Expenditure, for example, Tools, Union Fees, Subscriptions, Telephone, Home Office, Stationery, Seminars, Professional Development etc?

Yes No

Detail	Amount(\$)

- 15. Did you incur any Costs associated with Dividends/Investments?
Please provide details, including loan statements showing interest charged on investment loans

Yes No

- 16. Did you make any Donations or Building Fund Contributions?

Yes No

Detail	Amount(\$)

REBATES

- 17. Please provide details of all Dependants (including children)

Yes No

Name	Date of Birth	Income (\$)

Tick if attached

Checklist please tick

Yes No

- 18. Do you Contribute your own income in addition to your employers contribution to a Superannuation Fund?

Yes No

Superfund Name: _____
Membership Number: _____
Amount Contributed: _____

- 19. Do you have Private Health Insurance?
If so, please attach a copy of the rebate statement sent to you by your Private health fund.

Yes No

- 20. Are you entitled to a Zone Rebate?

Yes No

Location	No. of days in Zone

- 21. Did you incur medical expenses for yourself and dependants that total greater than \$2,120 (after Medicare & Health Fund Rebates)?
Please provide details of medical expenses incurred

Yes No

- 22. Do you have a HECS Debt?
Please provide Statement of Amount Owing

Yes No

- 23. Previous Year Tax Return if not prepared by us

Yes No

ADDITIONAL INFORMATION/NOTES

Please attach or provide an explanation for any further information needed to complete your income tax return
