

**INDIVIDUAL INCOME TAX RETURN CHECKLIST  
YEAR ENDED 30 JUNE .....**

**PERSONAL DETAILS**

Tax File Number (TFN):

ABN (if applicable):

Full Name: \_\_\_\_\_

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

Postal Address: \_\_\_\_\_  
(if different) \_\_\_\_\_

Date of birth:

Occupation: \_\_\_\_\_

Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Payment of Accounting Fee Option –**

- (1) Credit card, or
- (2) Deduct fee from refund amount and balance banked into your nominated bank account (below)

**Account name:** \_\_\_\_\_

**Bank:** \_\_\_\_\_ **B.S.B:** \_\_\_\_\_ **Account number:** \_\_\_\_\_

**SPOUSE**

Spouse Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

D.O.B: \_\_\_\_\_

TFN:

Taxable Income: \$ \_\_\_\_\_

Reportable Fringe Benefits: \_\_\_\_\_

Reportable Employer Super Contributions: \_\_\_\_\_

**CHILDREN**

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

D.O.B: \_\_\_\_\_

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

D.O.B: \_\_\_\_\_

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

D.O.B: \_\_\_\_\_

# INCOME

(Please complete income questions below that are relevant to your circumstances)

1. **Group Certificates** (including pensions) Yes  No  Number of certificates attached \_\_\_\_\_

2. **Other Salary income:** (includes any directors' fees, commissions etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

3. **Termination Payments**  
 (if you received a lump sum termination please provide Eligible Termination Statement – ETP Statement)

Applicable Yes  No

4. **Interest** (money received on your bank accounts)

Name of Bank	Account No.	Total Interest Received \$	TFN Withholding \$	Joint Account?

5. **Dividends**  
 Please provide copies of dividend statements of income received. Also note that if you are on the dividend reinvestment plan (DRP) which means you don't physically get the money to bank [the company uses that money to buy you more shares] that this is still income and must go in your return.

Name of Shares	# of Shares Held	Dividend Amount Received \$

6. **Trust and Partnership Distributions:** (i.e. example of trusts is BT funds, Merrill Lynch, AXA etc.). Name of trust or partnership – Please provide documents (including year end Tax Statements) to show income from the funds you list.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. **Capital Gain:** Did you sell any assets (such as shares or property) during the year which were acquired after 20 September 1985.

Applicable Yes  No

If yes then please provide documentation of when it was purchased, cost & also documents on sale / funds received etc. If you are unsure, please contact us to discuss the documents required.

8. **Rental Income:** Please attach details of the rent received and all expenses in their separate categories including real estate rental summary reports received. Please supply settlement sheets and purchase documents for property acquired after 1st July 2009. **Should you require the services of a Quantity Surveyor for a depreciation report please contact your client manager for a referral/form of the firm we use.**

List of rental properties, please attach all information for each:-

\_\_\_\_\_  
 \_\_\_\_\_

9. **Any other income:** (Any income you received in the financial year which doesn't fit into any of the above categories - please provide details e.g.: Centrelink)

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10. **Do you or your spouse claim any form of Government Assistance?** Yes  No   
(eg: Family Tax Benefit, etc) If yes, please provide Tax Office / Centrelink schedules

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## DEDUCTIONS

(Please complete Deduction questions below that are relevant to your circumstances)

**Work Uniform:** Do you have to wear a logo uniform or protective clothing? Yes  No   
If yes were you out of pocket through the year for purchasing any new items (if so please provide details).

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### Other Work Related Deductions:

<input type="checkbox"/> Telephone \$ _____	<input type="checkbox"/> Bank Charges \$ _____
<input type="checkbox"/> Computer Parts \$ _____	<input type="checkbox"/> Postage/Faxes \$ _____
<input type="checkbox"/> Mobile Phone \$ _____	<input type="checkbox"/> Stationary \$ _____
<input type="checkbox"/> Tools/Equipment \$ _____	<input type="checkbox"/> Work case/Briefcase \$ _____
<input type="checkbox"/> Internet \$ _____	<input type="checkbox"/> Overtime Meals \$ _____
<input type="checkbox"/> Tools insurance \$ _____	<input type="checkbox"/> Memberships \$ _____
<input type="checkbox"/> Computer Software \$ _____	<input type="checkbox"/> Protective Items \$ _____
<input type="checkbox"/> Union Fees \$ _____	<input type="checkbox"/> Seminars \$ _____
<input type="checkbox"/> Journals/Books \$ _____	<input type="checkbox"/> Magazines/Newspapers \$ _____

### Motor Vehicle Travel: (eg: travel between places of employment)

Kilometres travelled: \_\_\_\_\_ Vehicle: \_\_\_\_\_

Engine Capacity : \_\_\_\_\_ Reg. No.: \_\_\_\_\_

Reasonable Estimate Based On: Log Book  Diary  Other

(Please supply relevant details) \_\_\_\_\_

**Home Office:** Renting  Homeowner

Do you have a separate study? Yes  No  Hours used per week \_\_\_\_\_ hrs x \_\_\_\_\_ weeks x 26¢

**Donations:** Did you make any donations during the year? \$ \_\_\_\_\_

### Superannuation:

a) Are you self employed, if yes please provide details of contributions you made to your superannuation for the financial year.

Fund Name: \_\_\_\_\_

Policy No: \_\_\_\_\_ Contribution \$: \_\_\_\_\_

b) Have you made any personal contributions to your superannuation fund? If so you may be entitled to super co-contributions (conditions apply). We do not require any information for your tax return as the process to claim this is automatic between the Australian Taxation Office and your superfund upon lodgement of your tax return:

\_\_\_\_\_  
\_\_\_\_\_

c) Have you made superannuation contributions on behalf of your spouse? If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

**Do you have net out of pocket medical expenses > \$1500** Yes  No

(Medical expenses incurred during the year \_\_\_\_\_ \$ \_\_\_\_\_

Less total Health Insurance / Medicare reimbursement \$ \_\_\_\_\_

Net medical expenses: \$ \_\_\_\_\_

**Spouse**

- Did you have a spouse for the full financial year Yes  No
- Is your spouse dependant (earns less than \$6,000) Yes  No  Income Earned \$ \_\_\_\_\_
- Does your spouse receive any benefits from Centrelink Yes  No

Details of benefits:

\_\_\_\_\_  
\_\_\_\_\_

**Did you have private health insurance?** Please attach copy of policy details.

**Education tax refund**

A 50% rebate is available for costs including educational software, home computers, internet, printers, and school texts. The maximum rebate is \$390 per primary school child and \$779 per secondary school child (eligible if receiving Family Tax Benefits Part A.)



**I would like to know more about** (please tick one or more):

- Superannuation Planning
- Wealth Accumulation
- Risk Insurance (Income Protection / Life Insurance)
- Loans
- Salary Sacrifice
- Other \_\_\_\_\_

Please arrange a free no obligation appointment with our specialist Advisors to discuss any of the above Yes  No