

INDIVIDUAL TAX RETURN CHECKLIST

Please complete all items in the required field(s), save to your local drive and email the document(s) and any attachment(s) to our office.

The following form has been completed for the following financial year: _____

Please go through the checklist below and tick 'Yes' or 'Not Applicable'.

If selecting 'Yes' for any of the items in the checklist, please provide us with documentation, statements etc. as confirmation.

SECTION I: INCOME

I. PAYG PAYMENT SUMMARY (INCLUDING PENSIONS)	Yes	Not applicable
2. ALLOWANCES, EARNINGS, TIPS, DIRECTORS FEES	Yes	Not applicable
3. EMPLOYER LUMP SUM PAYMENTS	Yes	Not applicable
4. EMPLOYMENT TERMINATION PAYMENT	Yes	Not applicable
5. AUSTRALIAN GOVERNMENT ALLOWANCES AND PAYMENTS LIKE NEWSTART, YOUTH ALLOWANCE (OR AUSTUDY) PAYMENT	Yes	Not applicable
6. AUSTRALIAN GOVERNMENT PENSIONS AND ALLOWANCES	Yes	Not applicable
7. AUSTRALIAN ANNUITIES AND SUPERANNUATION INCOME STATEMENT	Yes	Not applicable
8. AUSTRALIAN SUPERANNUATION LUMP SUM PAYMENTS	Yes	Not applicable
9. INTEREST INCOME (MONEY RECEIVED INTO YOUR BANK ACCOUNTS)	Yes	Not applicable
10. MORTGAGE STATEMENTS	Yes	Not applicable
II. DIVIDENDS	Yes	Not applicable
Please note that if you are on the dividend reinvestment plan (DRP) which means you don't physically get the money in the bank (the company uses that money to buy you more shares) that this is still income and must go in your return.		
12. EMPLOYMENT SHARE SCHEMES		
13. DISTRIBUTIONS FROM PARTNERSHIP AND/OR TRUSTS	Yes	Not applicable
i.e. example of trusts is BT Funds, Merrill Lynch, AXA etc.		

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14. RENTAL INCOME

Please complete 'Rental Property – Tax Return Checklist'

Yes Not applicable

15. INCOME OR LOSS FROM BUSINESS

Please complete 'Sole Trader – Tax Return Checklist'

Yes Not applicable

16. CAPITAL GAIN

Did you sell any assets (i.e. such as shares or property which were acquired on or after 20 September 1985)?

Yes Not applicable

17. FINANCE

Do you have a current home, business, investment or equipment loan? If so, please provide us with latest statement showing closing balance and applicable interest rate. We will use this to review your current lending arrangements, before connecting you with our trusted network of financiers to potentially provide you with some real dollar saving alternatives.

Yes Not applicable

18. INSURANCE

Do you have current Income Protection, Life & Total & Permanent Disablement (TPD), Trauma/Critical Illness and/or General Business insurance policies? If so, please provide us with relevant policy statement(s). We will use these documents to review your current insurance position before connecting you with our trusted network of insurance providers to ensure you have the right policies in place.

Yes Not applicable

19. SUPERANNUATION

Do you have a current balance of monies in an industry or retail Superannuation Fund? If so, please provide us with latest statement(s) showing closing balance. We will use these documents to help you explore the alternative of running your own Self Managed Super Fund, in which you can have greater control and access to alternative investment options not otherwise available (including the potential to borrow to buy property).

Yes Not applicable

20. ANY OTHER INCOME

Please provide details of any income you received in the financial year which doesn't fit into any of the above categories:

INDIVIDUAL TAX RETURN CHECKLIST CONTINUED

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SECTION 2: DEDUCTIONS

I. WORK RELATED CAR EXPENSES

This section relates to work related car expenses.

IA) DO YOU USE YOUR OWN MOTOR VEHICLE FOR BUSINESS/WORK?

Yes No - go to 2.WORK RELATED TRAVEL EXPENSES

IB) HAVE YOU MAINTAINED A LOGBOOK FOR A CONTINUOUS PERIOD OF 12 OR MORE WEEKS?

Yes - go to 1E AND PLEASE PROVIDE US WITH YOUR LOGBOOK No

IC) IF YOU HAVEN'T MAINTAINED A LOGBOOK BUT USE YOUR MOTOR VEHICLE FOR WORK PURPOSES, PROVIDE US WITH THE ESTIMATED KM'S YOU WOULD HAVE TRAVELLED FOR WORK (MAXIMUM CLAIMABLE IS 5,000KM).

Important Information:

- While evidence is not required you will need to be able to substantiate business km's
- Business related travel includes:
 - Travel from your normal workplace to an alternative workplace.
 - If you are shifting places of employment.
 - Travelling from your home to an alternative workplace for work purposes.

_____ km 's claimed

ID) HAVE YOU PURCHASED A MOTOR VEHICLE THAT IS UTILISED FOR BUSINESS PURPOSES WITHIN THE FINANCIAL YEAR?

Yes - PLEASE PROVIDE US WITH THE PURCHASE CONTRACT AND ANY HIRE PURCHASE CONTRACTS No

IE) IF YOU USED YOUR OWN CAR FOR BUSINESS/WORK PURPOSES AND HAVE MAINTAINED A LOG BOOK AS DESCRIBED AT ITEM IB, WHAT EXPENSES DID YOU INCUR IN RELATION TO YOUR VEHICLE:

FUEL	\$	
REGISTRATION	\$	
INSURANCE	\$	
INTEREST OR LEASING CHARGES	\$	
REPAIRS & MAINTENANCE	\$	
OTHER - PLEASE SPECIFY 1	\$	Details: _____
OTHER - PLEASE SPECIFY 2	\$	Details: _____
OTHER - PLEASE SPECIFY 3	\$	Details: _____
OTHER - PLEASE SPECIFY 4	\$	Details: _____

INDIVIDUAL TAX RETURN CHECKLIST CONTINUED

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Deductions (continued):

2. WORK RELATED TRAVEL EXPENSES

These are travel expenses which you incurred while conducting day to day business through the course of your work i.e. NOT travel to and from work but travel from worksite to worksite.

PARKING	\$	
PUBLIC TRANSPORT	\$	
TAXIS	\$	
ROAD TOLLS	\$	
MEALS, ACCOMODATION & INCIDENTALS WHILE TRAVELLING FOR WORK	\$	
OTHER - PLEASE SPECIFY 1	\$	Details:
OTHER - PLEASE SPECIFY 2	\$	Details:
OTHER - PLEASE SPECIFY 3	\$	Details:
OTHER - PLEASE SPECIFY 4	\$	Details:

3. WORK RELATED UNIFORM, OCCUPATION SPECIFIC OR PROTECTIVE CLOTHING, LAUNDRY AND DRY CLEANING EXPENSES

OCCUPATION SPECIFIC CLOTHING	\$
PROTECTIVE CLOTHING	\$
LAUNDRY	\$
DRY CLEANING	\$

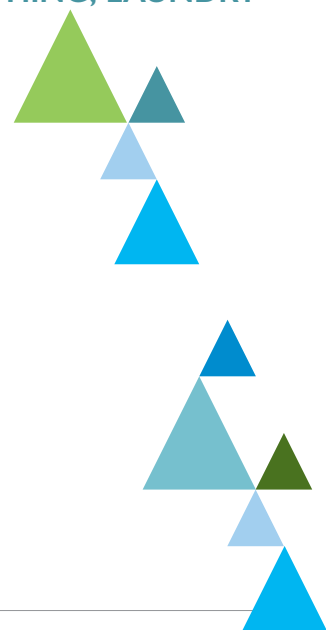
4. WORK RELATED SELF-EDUCATION EXPENSES

The education undertaken must relate to your current work in order to claim a deduction.

Name of course: _____

Expected year of completion: _____

COURSE FEES	\$	
BOOKS, STATIONERY	\$	
SEMINARS	\$	
TRAVEL	\$	
OTHER - PLEASE SPECIFY 1	\$	Details:
OTHER - PLEASE SPECIFY 2	\$	Details:
OTHER - PLEASE SPECIFY 3	\$	Details:
OTHER - PLEASE SPECIFY 4	\$	Details:



INDIVIDUAL TAX RETURN CHECKLIST CONTINUED

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5. OTHER WORK RELATED EXPENSES:

For any other expenses you incurred that relate to your work activities. Please note for any one asset over \$300 please provide a copy of purchase documents i.e. receipts.

HOME OFFICE EXPENSES	\$	
COMPUTER AND SOFTWARE	\$	
TELEPHONE / MOBILE	\$	
TOOLS AND EQUIPMENT	\$	
SUBSCRIPTION AND UNION FEES	\$	
JOURNALS/PERIODICALS	\$	
SUN PROTECTION PRODUCTS	\$	
OTHER - PLEASE SPECIFY 1	\$	Details:
OTHER - PLEASE SPECIFY 2	\$	Details:
OTHER - PLEASE SPECIFY 3	\$	Details:
OTHER - PLEASE SPECIFY 4	\$	Details:

If you are working from home; please provide us with the number of hours on average you are working per week:

Average number of hours working per week: _____

6. DEDUCTION CHECKLIST

Please go through the checklist below and tick 'Yes' or 'Not Applicable'. If selected 'Yes' for any of the items in the checklist, please provide us with documentation, statements etc. as confirmation.

6A) INTEREST DEDUCTIONS Yes Not applicable

A deduction for any bank fees and management fees incurred on bank accounts you hold for investment purposes.

6B) DIVIDEND DEDUCTIONS Yes Not applicable

A deduction for interest charged, management fees and costs related to your share investments

6C) DONATIONS Yes Not applicable

A deduction for any donation over \$2.

6D) COST OF MANAGING TAX AFFAIRS Yes Not applicable

If you engaged the services of another accountant in prior years, please provide the cost in relation to the current year and provide a copy of the invoice.

INDIVIDUAL TAX RETURN CHECKLIST CONTINUED

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SECTION 3: OFFSETS / REBATES

Please go through the checklist below and tick 'Yes' or 'Not Applicable'. If selected 'Yes' for any of the items in the checklist, please provide us with documentation, statements etc. as confirmation.

I. HEALTH INSURER

DO YOU HAVE PRIVATE HEALTH INSURANCE?

Yes – please provide us with statements No

2. SPOUSE / CHILDREN

2A) DID YOU HAVE A SPOUSE FOR THE FULL FINANCIAL YEAR?

Yes No – go to question 2d

2B) IS YOUR SPOUSE DEPENDENT I.E. EARN LESS THAN \$10,422 OR BORN AFTER 1 JULY 1952?

Yes No

2C) DOES YOUR SPOUSE RECEIVE ANY BENEFITS FROM CENTERLINK?

Yes - please provide us with statements No

2D) DOES YOUR CHILD (CHILDREN) RECEIVE ANY BENEFITS FROM CENTERLINK? I.E. YOUTH ALLOWANCE, AUSTUDY

Yes - please provide us with statements No Not applicable (no children) – go to question 3

2E) DOES YOUR FAMILY RECEIVE A FAMILY TAX BENEFIT?

Yes - please provide us with statements No

3. ANY OTHER OFFSETS / REBATES

PLEASE PROVIDE DETAILS OF ANY INCOME YOU RECEIVED IN THE FINANCIAL YEAR WHICH DOESN'T FIT INTO ANY OF THE ABOVE CATEGORIES: