

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

	DEDUCT	TONS		
Work related car	expense claims			
Kilometre Claim -	number of kms (<	5,000) #		kms
Percentage claim	for work use (Log	Book)		%
Interest on Loan		,	\$	
Repairs & Service	es		\$	
Loan / Lease Payı			\$	
Car Washes			\$	
Fuel			\$	
Other			\$	
Registration, insu	ırance & RACV		\$	
,				
Work related tra	•			
Travel	\$	Car Hire	\$	
Accommodation	'	Toll Fees		
Meals	\$	Parking	\$	
Other	\$	Other	\$	
Work related uni	iform & other clot	hing expenses		
Protective Clothi	ng		\$	
Uniforms			\$	
Protective or Nor	nslip Footwear		\$	
Gloves, Aprons, etc.			\$	
Laundry (up to \$1	150 without receip	ots)	\$	
Dry Cleaning			¢.	
Other			\$	
Work related sel	f education expen	ses		
	and institution:			
Course Fees (HEL	P is not deductible	<u>-</u>	\$	
Student Union Fe		-,	\$	
Books			\$	
Travel			\$	
Stationery			\$	
Equipment			\$	
Other (please spe	ecify)		T	
(p	11		\$	
			\$	

DEDUCT	TONS	
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 allow	ance)	\$
Travel Allowance (No. of days)	()	
Other (please specify)		
		\$
		\$
		\$
Deductions against investment inco	me	
Loan Interest		\$
Bank Fees, Computer, Books etc.		\$
Investment Advice Fees		\$
Personal Superannuation Contribut	ions	\$
Have you attached confirmation from	m superfund? `	Υ
Other Expenses		
Tax Agents Fees		\$
Total Kilometres travelled for prepar	ration of tax	# kms
Gifts or Donations		
Did you contribute at least \$10 to b	oucket collectio	ns Y / N
		\$
		\$



Best Phone number to contact you on _____

infinit e possibilities

INDIVIDUAL INCOME TAX RETURN CHECKLIST

TAX OFFSETS/REBATES/OTHER • Did you pay child support (provide details)	SPOUSE DETAILS Name DOB Taxable Income \$			
 Did you have Private Health Insurance (If yes, please attach statement) Did you make Super contributions on behalf of your spouse Do you have an accumulated HELP debt Do you have an accumulated SFSS loan Did you incur medical expenses for 	HEALTH INSURANCE Provider Membership No. Medicare No.			
disability aids, attendant care or aged care in excess of \$2,333 Total medical expenses \$	DEPENDENT DETAILS Name of Dependent Child DOB 1.			
Name Account No Your Share Joint? Interest Amount Franked Unfranked Imputation Credit Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
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				