

Individual Income Tax Return Checklist 2016/17

To assist us in preparing your income tax return, please use this checklist when you compile 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, which may delay the processing of your return.

Please ensure you complete ALL relevant questions and provide additional information as required.

Taxpayer Details

Name of taxpayer _____

Contact number _____ Email _____

All tax refunds will now only issue directly to a bank account. Please bring your bank account details to your appointment.

| Income | Yes | No | Amount \$ |
|---|-----|----|-----------|
| Please tick and provide additional paperwork as required | | | |
| Salary or wages (including workcover/paid parental leave) | | | |
| Allowances, earnings, tips, directors fees etc | | | |
| Employer lump sum payments eg Pro Rata Annual Leave | | | |
| Employment Termination Payments | | | |
| Australian Government allowances and payments such as Newstart, Youth Allowance, and Austudy payments | | | |
| Australian Government pensions and allowances | | | |
| Australian superannuation pensions or lump sum payments | | | |
| Bank interest | | | |
| Dividends from companies in Australia (including any reinvested) | | | |
| Employee share schemes | | | |
| Distributions from partnerships and/or trusts (eg managed funds) | | | |

| Income Continued | Yes | No | Amount \$ |
|---|-----|----|-----------|
| Foreign source income (including pensions) and foreign assets or property | | | |
| Business income (refer to <i>Business Income Checklist</i>) | | | |
| Rental properties (refer to <i>Rental Property Checklist</i>) | | | |
| Sale of assets with potential capital gains tax implications (eg shares, real estate) | | | |
| Life Assurance Bonuses | | | |
| Insurance payout (eg income/accident insurance) | | | |
| Have you received any other income? | | | |

Please provide details of any other income you have received:

| Work Related Deductions | Yes | No | Amount \$ |
|--|-----|----|-----------|
| Motor Vehicle Expenses | | | |
| Travel expenses in relation to your employment | | | |
| Work related or occupation specific clothing | | | |
| Protective clothing | | | |
| Laundry expenses | | | |
| Sun protection products | | | |
| Self education | | | |
| Union fees | | | |
| Professional memberships | | | |
| Meals when working overtime | | | |
| Conference or Seminar costs | | | |
| Books, journals and professional libraries | | | |

| Work Related Deductions Continued | Yes | No | Amount \$ |
|---|-----|----|-----------|
| Telephone and/or internet | | | |
| Home office (provide hours of use per week) | | | |
| Computers and/or software for work related purposes | | | |
| Expenses relating to allowances received | | | |
| Tools and or equipment | | | |

Please provide details of any other work related expenses you have paid:

| Other Deductions | Yes | No | Amount \$ |
|--|-----|----|-----------|
| School and building fund donations | | | |
| Gifts or donations to charity | | | |
| Expenses relating to dividend or interest income | | | |
| Tax agent fee | | | |
| Distance travelled to tax agent last year | | | |
| Income protection insurance | | | |
| Interest or dividend deductions | | | |
| Are you self employed and have made Personal Superannuation contributions? If Yes and you intend to claim a deduction, please provide a copy of the notice of intent to claim a deduction form and the details below: Personal Superannuation Contribution amount _____ Full name of Super fund _____ Account Number _____ Fund ABN: _____ Fund TFN: _____ | | | |
| Tax Losses Carried Forward | | | |

Please provide details of any other work related expenses you have paid:

| Tax Offsets and Rebates | Yes | No |
|---|-----|----|
| Please tick and provide additional paperwork as required | | |
| Do you have a Spouse? Spouse's name and date of birth _____ Date you had a spouse during the year _____ If we do not also prepare their return, please provide details of their taxable income \$ _____ Children's names and dates of birth _____ _____ _____ _____ | | |
| Are you a senior Australian or pensioner? | | |
| Did you make superannuation contributions on behalf of your spouse? | | |
| Where have you lived during the year? _____ Number of days lived in location during the year _____ | | |
| Do you hold private health hospital cover? If yes, please provide your annual tax advice from your fund and the following details below: Health Insurance ID _____ Membership Number _____ | | |
| Do you have a Higher Education Loan Program (HELP) debt? | | |
| Have you made any PAYG Instalment payments? | | |

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 _____