

2017 INDIVIDUAL INCOME TAX RETURN CHECKLIST

You are reminded that all income must be declared and all expenses claimed must be substantiated and supported by relevant receipts and/or diary records.

Please check each of the items listed below, **Tick** or **X** those that apply to you, sign the last page and **attach relevant documentation**.

INCOME	NAME:	NAME:
Salary or wages		
Occupation:		
Allowances, earnings, tips, director's fees, etc		
Lump sum payments		
Termination payments & employment		
Australian government allowances like Newstart, Youth Allowance & Austudy payment		
Australian government pensions and allowances		
Australian annuities and superannuation income streams		
Australian superannuation lump sum payments		
Personal services income		
Any fringe benefits received from employer		
Interest		
Dividends – provide dividend advices received		
Income from partnerships and/ or trusts – provide Annual statements received		
Net income or loss from business		
Employee share schemes		
Deferred non-commercial business losses		
Net farm management deposits or withdrawals		
Sale of assets e.g. shares, units in trusts, property including sale of principal residence		
Acquisition details of assets sold – eg Date, cost, return of capital		
Property, Shares, Units in a Trust or other investments		
Direct or indirect interest in a controlled foreign entity		
Transfer of property or services to a non-resident trust		
Interest in a foreign investment fund (FIF) or a foreign life assurance policy (FLP)		
Foreign source income (including foreign pensions) and foreign assets or property		
Rental Income (if YES, complete Rental Property Questionnaire and worksheet available from our office or on our website).		
Bonuses from life assurance or friendly society policy		
Forestry managed investment scheme income		
Other income (please specify)		
Business income and the Small Business Income Tax Offset		
A new 5% or max \$1000 tax discount/ non-refundable tax offset is now available to individuals whose net income includes income from a non-corporate entity that is carrying on a business and has an aggregated turnover of less than \$2 million. This includes:		
- Sole traders		
- Partners of a small business entity Partnership and		
- Beneficiaries of a small business Trust		
The offset is calculated on the net income from the business.		
Please note: Only one SBITO is available per individual		

DEDUCTIONS

For all deductions, where there is private use, please indicate private percentage (%)

Work –related car expense claims		
- Please note: Methods for claiming car expense have changed so only the two methods below can be used.		
- cents per kilometre method (max 5,000kms per car) single rate \$0.66 cents per km		
- log book method		
Work- related travel expenses		
Employee domestic travel under reasonable allowance		
- If the claim is more than the reasonable allowance rate, do you have receipts for your expenses?		
Employee without a reasonable travel allowance		
- Did you incur and have receipts for airfares?		
- Did you incur and have receipts for accommodation?		
- Do you have receipts for hire cars (if applicable)?		
- Did you incur and have receipts for meals and incidental expenses?		
- Do you have any other travel expenses?		
Overseas travel under reasonable allowance		
- Do you have receipts for accommodation expenses?		
- If travel is for 6 or more nights in a row, do you have travel records? (e.g. a travel diary)		
Other overseas travel		
Other work-related travel expenses, eg, borrowed car/rail/bus/taxi fares (please specify)		
Work-related uniform and other clothing expenses		
Protective clothing		
Occupation-specific clothing		
Non-compulsory uniform		
Compulsory uniform		
Conventional clothing		
Laundry (up to \$150 without receipts)		
Dry cleaning		
Other claims – mending/repairs, etc (please specify)		
Work-related self-education expenses		
Course taken at educational institutions:		
- course fees		
- travel		
- books, stationery		
- depreciation		
- seminars		
- other (please specify)		
Seminars and courses not at an educational institution		
- course fees		
- travel		
- other (please specify)		
Other work-related expenses		
Home office expenses		
Computer and software		
Telephone/mobile phone		
Tools and equipment		
Subscriptions and union fees		
Journals/periodicals		
Depreciation		
Sun protection products (e.g., sunscreen, sunhat, sunglasses)		
Any other work related deductions (please specify)		

Other types of deductions		
Income protection insurance premium		
Interest and dividend deductions		
Gifts or donations of \$2 or more to eligible charities		
Cost of managing taxation affairs		
Deductible amount of undeducted purchase price (UPP) of a foreign pension or annuity		
Forestry managed investment scheme deduction		
Other deductions (please specify)		
Tax losses of earlier income years		
Please attach all private health insurance statements for the financial year ending 30.6.17		
Superannuation		
Did you make personal deductible contributions to a superannuation fund? If so, please provide the following details:- -Full name of Fund: -Policy no: -Fund ABN: -Have you provided a s290-170 notice to the fund of your intention to deduct the contribution? -Has this notice been acknowledged by the fund?	\$	\$
Did you make a personal contribution into a superannuation fund with the expectation of receiving the government co-contribution? If so, how much did you contribute as a non-concessional (non-deductible) contribution? We must include this or the Co-contribution will not be paid.		
Tax Offset/rebates		
Senior Australian		
Did you receive a taxable superannuation income stream?		
Private health insurance		
Superannuation contributions on behalf of spouse		
Do you live in remote zone or have served overseas with Defence Force in 2016/2017?		
Did you have net eligible expenses relating to disability aids, attendant care or aged care expenses over the following: - \$2,265 for singles with income less than \$90,000 or families with income less than \$180,000 - \$5,343 for those with income above the thresholds - (Please note: ONLY Net medical expenses relating to disability aids, attendant care and aged care can be included.		
Parent, spouse's parent or invalid relative		
Landcare & Water facility rebate unused from a previous year		
Family Tax Benefit Part A and Part B - Claim through Department of Human Services (Centrelink) once tax return completed – now only 12 months to claim (i.e. by 30.06.2017)		
Did you become an Australian tax resident at any time during the 2017 income year?		
Did you cease to be an Australian tax resident at any time during the 2017 income year?		
Are you entitled to a Medicare Levy exemption due to any one of the following circumstances applying during all or part of the year: -you were a blind pensioner -you received sickness allowance from Centrelink -you were entitled to full free medical treatment for all the conditions under defence force arrangements or Veteran's Affairs Repatriation Health Card (Gold Card) or repatriation arrangements		
Did you have a HECS/HELP liability or a student supplement loan (e.g., SFSS) debt?		
Other rebates (please specify)		
Income Tests Information - extra information which may need to be reported this year for you and/or your spouse. (If "yes", please provide details). - Did you or your spouse have any total reportable fringe benefits? - Did you or your spouse have any reportable employer super contributions? - Did you or your spouse receive any tax free government pensions? - Did you or your spouse receive any target foreign income? - Did you or your spouse have a net financial investment loss? - Did you or your spouse have a net rental property loss? - Did you or your spouse pay child support?		

Bank account details for refund (The ATO no longer issues cheques)		
Even if we didn't prepare your spouse's income tax return, have you included details of your spouse's income including: <ul style="list-style-type: none"> - taxable income - reportable fringe benefits - Australian pensions and allowances - Net financial investment loss - Net rental property loss This information is now required to complete your tax return.		
Number of dependent children?		

Dated the _____ day of _____ 20_____

Signature of taxpayer

Signature of taxpayer

Name (print)

Name (print)

BANK DETAILS:

Account Name: _____

BSB: _____

Account Number: _____