



HAMPTON PARTNERS

Bridgetown - Boyup Brook - Nannup

INDIVIDUAL INCOME TAX CHECKLIST 2025

NAME: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

EMAIL: _____

DOB: _____ PHONE/MOBILE: _____ OCCUPATION: _____

PARTNER'S NAME: _____ PARTNER'S DOB: _____ PARTNER'S INCOME: _____

PREFERRED METHOD OF CONTACT/CORRESPONDENCE: Phone ☐ Post ☐ Email ☐
(Authority Required)

PAYMENT

☐ Pay on Day (with discount)

EFTPOS FACILITIES ARE AVAILABLE

Payment of your fee can be made via direct debit, EFTPOS or by signing a fee from refund authority.

BANK DETAILS FOR ATO REFUNDS:

Account Name: _____ BSB: _____ Account No: _____

TO COMPLETE YOUR 2025 INCOME TAX RETURN WE WILL REQUIRE THE FOLLOWING INFORMATION WHERE RELEVANT

- ☐ Are you an Australian Resident for tax purposes? Yes ☐ No ☐
- ☐ Details of any **SALARY** and **WAGE INCOME**, both Australian and Foreign.
- ☐ Details of any income from a **SUPERANNUATION FUND**
- ☐ Have you made a **SUPERANNUATION CONTRIBUTION** during the year which you wish to claim as a tax deduction?
(Please provide copy of Super Fund section 290-170 Acknowledgement Notice)
- ☐ Did you receive any **Centrelink Income**? Yes ☐ No ☐
- ☐ **INTEREST DETAILS:** Please provide a summary below or copies of statements for each account.

| Acc Name | Joint Acc Y/N | BSB | Acc No | TFN Tax | Interest Earned |
|----------|---------------|-----|--------|---------|-----------------|
| | | | | | |
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- ☐ Details of any **DIVIDENDS** and/or **MANAGED INVESTMENTS**? (Please include dividend/ distribution notices)
- ☐ Details for any **RENTAL PROPERTY TRANSACTIONS** (Please see Rental Checklist available on our website)
- ☐ Details of any **Capital Gains / Losses** (e.g. Property, Shares, and/or crypto currency transactions, other substantial assets)
(Please provide CHESS Statements, Buy & Sell Contracts, Offer & Acceptance and Settlement statement if not previously provided)
- ☐ Did you receive income from a **BUSINESS**? Yes ☐ No ☐ (Please complete separate Business Checklist available on our website)
- ☐ Details of any **OTHER INCOME** not already disclosed (e.g. foreign pension / foreign employment)
- ☐ Do you own overseas assets with a value greater than \$50,000 Yes ☐ No ☐

WORK RELATED EXPENSES

☐ **TRAVEL EXPENSES** (e.g. Airfare, Accommodation, Car Hire, Meals and Incidentals)

☐ **MOTOR VEHICLE CLAIM** There are two claim methods available.

1. You can claim up to 5,000km at 85c per km for 2024 2. Logbook with 12 consecutive week recorded

| Vehicle | Owner's Name | Business Use % | Annual Odometer Reading |
|---------|--------------|----------------|-------------------------|
| | | | |
| | | | |

☐ **UNIFORM, PROTECTIVE CLOTHING AND/OR SUN PROTECTION EXPENSES** (Purchase, Laundry and Maintenance)

☐ **SELF EDUCATION EXPENSES** (Seminars, Books, Depreciation Items etc.)

Course title: _____ Institution attended: _____

Is this for current employment Yes ☐ No ☐ OR Future Employment Yes ☐ No ☐

☐ **TELEPHONE / MOBILE / INTERNET** and percentage work related (Not available if home office set rate used & please provide invoices and claim calculation)

☐ **OTHER EXPENSES** not already mentioned (plus percentage of work related use)

(e.g. Union Fees, Home Office, Tools, Reference Materials, Accounting fees, Subscriptions, Donations, Income Protection)

| Details | Amount |
|---------|--------|
| | |
| | |
| | |
| | |

☐ **Home office hours. A log is required for this claim.** Yes ☐ No ☐

☐ Do you **PAY** Child Support? Yes ☐ No ☐ Amount of **CHILD SUPPORT** you **paid** during the year \$ _____

ZONE OFFSET

☐ Did you reside in a remote zone? _____

Where did you reside? _____ Period resided: _____

☐ **PRIVATE HOSPITAL INSURANCE.** Are all family members covered? Yes ☐ No ☐ **Hospital and/or Ancillary cover?**

NOTE

SUBSTANTIATION OF WORK RELATED EXPENSES - Please note that under the substantiation rules a claim can only be made for those expenses which can be supported by an invoice/receipt and that under ATO audit, invoices/receipts which are unreadable or do not give full details of the purchases are excluded from being a deduction.

RETENTION OF RECORDS -

We recommend that you retain all records and documentation for at least **5 YEARS AFTER ASSESSMENT** of your Income Tax Return.

Taxpayer's Signature

Date

PLEASE RETURN THIS COMPLETED FORM WITH YOUR TAX DOCUMENTS

Bridgetown Office
116 Hampton Street, (PO Box 48)
Bridgetown WA 6255
Phone: (08) 9761 1236
Email: admin@hpb.com.au

Boyup Brook Office
21 Bridge Street, (PO Box 118)
Boyup Brook WA 6244
Phone: (08) 9765 2999
Email: adminbbk@hpb.com.au

Nannup Office
67 Warren Road,
Nannup WA 6275
Phone: 0437 325 299
Email: admin@hpb.com.au

www.hpb.com.au