

2023 FINANCIAL YEAR INDIVIDUAL ANNUAL TAX CHECKLIST

Nam	ne:								
BANK	CACCOU	NT DETAILS							
		n Taxation Office no longe t to your bank account.	er issue cheq	ues for income	tax refunds. I	f you are entitled	to a refund it will no	eed to be	e
BS	B & Acc	: Number:	Account	Name:					
PRIV	ATE HE	EALTH INSURANCE							
Are yo	u covered	d by Private Health Insura	nce?	YES	NO	(Please circle)			
Level	of Cover:			HOSPITAL	EXTRAS	вотн			
	INCO	ME_						Yes	No
1.	Salary <i>i</i>	/ Wage Income (Brentnal	ls can acces	s your income i	nformation via	a the ATO)			
2.	Busine	ss Income							
	d	yes, please provide a sur ocument, accounting soft ot already provided							
3.	Distribu	utions from Trusts / Partr	nerships						
	F	or managed funds please or Family Trust or Partner tatements and tax return					attach financial		
4.	Investn	nent Rental Property(s)							
	S	yes, please provide the rechedule attached for additerest, rates etc.							
	Was the	e property(s) sold durinç	g the financ	ial year?					
	If	f yes, please provide the s	settlement st	atement					
5.	Farm M	lanagement Deposits							
	14	f ves, please provide conic	as of all state	ements for the fi	inancial vear				



INCOME CONTINUED

							Yes	No
6.	Dividends Received If yes, please attach divider reports from your trading pl			ow table or alternat	tively provide			
Com	Company Name Unfranked Amount Franked Amount Credit					Т	FN Wit	hheld
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
7.	7. Any investments held or purchased / sold during the financial year (including cryptocurrency)? If yes, please provide a portfolio report from your trading platform or broker showing all investments held at 30 June and a transaction report detailing all purchases and sales for the financial year. Alternatively, please provide all buy / sell confirmation documents. If applicable, provide details of any cryptocurrency sold during the year and holdings at 30 June.							
8.	If yes, please provide a summary report from internet banking detailing interest amounts for the financial year, or alternatively please fill out the table below from bank statements.							
Bank	(BSB	Account No.			Intere	est Ear	ned
						\$		
						\$		
						\$		
						\$		
9.	9. Other Income (please read and specify below) If yes, please attach relevant documentation. For example, foreign investments or income, bonus any other income not detailed above.					ses or		
Desc	ription							
1.	1. \$							
2.	2. \$							
3.					\$			
4.					\$			
5.					\$			

Please continue onto the next page for deductions



Deductions

1. Work related Car Expenses

Option 1 (cents per kilometre method)					
Estimated number of work-related kilometres travelled (note maximum 5000kms):					
Option 2 (logbook method)					
Vehicle business / work usage % (per 12 week logbook completed within last 5 years)					
Fuel Cost (total for year)	\$				
Repairs & Maintenance	\$				
Registration	\$				
Insurance	\$				
Interest	\$				
Other (please specify below)	·				
1.		\$			
2.		\$			
3.		\$			
4.		\$			
5.		\$			

2. Work Related Travel Expenses (where not reimbursed by your employer / business)

Airfares		\$		
Accommodation		\$		
Taxi/Ubers		\$		
Meals	3	\$		
Other (please specify below)				
1.		\$		
2.			\$	
3.			\$	
4.			\$	
5.			\$	



Deductions Continued

3.	Work Related Uniform/	Laundry	Expenses	(not reimbursed	by your	employer)
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Work uniform with logo (compulsory and non-compulsory), protective clothing, occupation specific clothing	\$
Laundry – estimated number of loads per week for work uniform	no of loads per week
Laundromat & Dry Cleaning expenses	\$

4. Work Related Self Education Expenses (not reimbursed by your employer)

Training courses (both online and in person)	\$
Seminars & textbooks	\$

5. Home Office & Other Work Related Expenses

	home during the financial year					
Telephone	\$	Business Use %				
Internet	\$	Business Use %				
Equipment eg computer	\$	Business Use %				
Tools	\$					
Stationery	\$					
Memberships	\$					
Other (please specify be	Other (please specify below)					
1.			\$			
2.			\$			

7. Gifts or Donations (please specify below)

1.	\$
2.	\$
3.	\$

8. Personal Super Contributions

Provide a notice of intent to claim confirmation letter from your superfund & advise amount of contribution \$_____ (please disregard if Brentnalls manages your SMSF)

9. Income Protection Insurance Premiums Paid (outside of superannuation fund)

Please provide a copy of your income protection letter confirming premiums for the year

10. Any Other Relevant Expenses (please specify below)

1.	\$
2.	\$
3.	\$



RENTAL PROPERTY SCHEDULE

For any additional amounts separate to those included on the agent's statement, please use a copy of this schedule for each property.

Address:	
Income:	
Rental Income	\$
Outgoings Reimbursements	\$
Rates Adjustments	\$
Other	\$
Less Outgoings:	
Advertising for tenants	\$
Bank charges	\$
Body corporate fees / strata fees	\$
Borrowing Expenses	\$
Cleaning	\$
Council Rates	\$
Gardening / lawn mowing	\$
Insurance	\$
Interest	\$
Land Tax	\$
Legal expenses	\$
Pest Control	\$
Phone expenses	\$
Property agent fees and commissions	\$
Repairs and Maintenance	\$
Stationery and postage	\$
Water charges	\$
Emergency Services Levy	\$
Electricity & Gas	\$
Sundry Expenses (please specify below)	
	\$
	\$
	\$
	\$
Equipment / Capital Purchases (please spec	cify below)
	\$
	\$
	\$
	\$
	\$
	\$