

Checklist - Individual Income Tax Return

Client Details				
Full Name	_____		DOB <small>(New clients only)</small>	_____
Address Details	_____			
Phone Number	_____	Email Address	_____	
Tax File Number <small>(New clients only)</small>	_____	Bank Details	_____	
Relationship Status	_____	Dependant(s)	_____	
Partner's Name	_____	Partner's DOB	_____	
Income				
<i>Please indicate your sources of income</i>				
Income Statement(s)	Employee Shares Scheme		Foreign Income/Foreign Property	
Interest Income	Superannuation/Lump Sum Payments		Did you dispose of any investments	
Dividends from Shares	<small>(If yes, please provide purchase & sales amounts, dates etc)</small>			
Managed Fund Distributions				
Investment Property				
Investment Property Details				
Address Details	_____			
Was the property bought / sold during the year?	_____	<small>(If yes, please provide settlement sheet, agent commission & marketing / styling charges on sale, stamp duty on purchase, legal fees etc)</small>		
Number of weeks the property was available for rent	_____			
Information Required				
Annual Agent Statement	Land Tax		Legal / Tribunal Fees	
Advertising for Tenants	Pest Control		Repairs & Maintenance	
Bank / Loan Charges	Travel <small>(Commercial properties only)</small>		Water Rates	
Body Corporate / Strata Levies				
Council Rates				
Gardening / Lawn Mowing				
Insurance				
Loan Statements for the financial year				

Tax Deductions

Please provide details of any of the following items you may have paid

General Expenditure

Home Office Claims

Donations to charities	_____	Home Internet	_____	
Income Protection insurance premiums paid personally	_____	Work-related %	_____	%
Personal superannuation contributions you wish to claim	_____	Mobile Phone	_____	
Professional journals / trade magazines	_____	Work-related %	_____	%
Continuing education / courses / seminars	_____	Hours worked from Home	_____	Hours
Self Education expenses	_____	Stationery	_____	
Protective clothing / uniform	_____	Subscriptions	_____	
Tools & equipment	_____	Technology items purchased <small>(please provide receipts if item purchased is larger than \$300)</small>	_____	
Interest on any Investment Loan(s)	_____			

Motor Vehicle / Travel Expenses

Make & Model of Motor Vehicle	_____	Registration	_____	
Is your vehicle novated through your employer				
Did you travel more than 5,000 kms for work related purposes?				
<i>If no, please advise total work-related kms travelled for the year</i>	_____	kms		
<i>If yes, please complete details below</i>				
Is your motor vehicle subject to finance	_____	If so, please provide a copy of the purchase and lease contract		
Work Related %	_____	<i>Please ensure you have a valid logbook for a 12 week period within the last 5 years</i>		

Motor Vehicle costs below

Travel Costs below

Petrol costs for the year	_____	Taxi & Uber	_____	
Vehicle Registration	_____	Parking	_____	
Insurance (including CTP)	_____	Flights	_____	
Repairs & Servicing	_____	Accommodation	_____	
Car Wash	_____	_____	_____	
Tolls	_____	_____	_____	