

Income Tax Return Checklist

Please attach all relevant documents (e.g. Payment summary, etc.)

YEAR ENDED:

 Tax File Number:

 ABN (if applicable):
PERSONAL DETAILS

 Full Name:

 Preferred Name:

 Address:

 Postal Address:

 Residential Address:
 (if different from above)

 Date of Birth: / /

 Occupation:

 Telephone: Work: Home:
 Mobile: Fax:

 Email address:
BANK TRANSFER

 Electronic funds transfer of refund: Yes No

 Account Name:

 Bank:

 BSB Number: Account Number:
FAMILY DETAILS
Spouse Current EFC Client: Yes No
Children

 Name:

 Name:

 Occupation:

 D.O.B: / /

 D.O.B: / /

 Name:

 Tax File Number:

 D.O.B: / /

 Taxable Income:

 Name:

 Reportable Fringe Benefits:

 D.O.B: / /

INCOME DETAILS

Income from other sources Please attach full details

Source:	<input type="text"/>	Gross Income	\$	<input type="text"/>
Source:	<input type="text"/>	Gross Income	\$	<input type="text"/>

Bank interest earned: Yes No Please attach summary or fill out below.

Bank:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BSB Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TFN Tax (\$):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount (\$):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is account jointly held?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Distributions from Trust / Partnerships / Managed Funds: Yes No Please attach details or fill out below.

Details:	<input type="text"/>	Amount	\$	<input type="text"/>
Details:	<input type="text"/>	Amount	\$	<input type="text"/>
Details:	<input type="text"/>	Amount	\$	<input type="text"/>

Dividends Received: Yes No Please attach details or fill out below.

Name of Company:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unfranked Amount (\$):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Franked Amount (\$):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Imputation Credit (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please supply summaries or copies of dividend statements

Rental Properties: Yes No If yes and you use an agent, please attach copies of rental statements

Please supply below the ADDRESSES of rental properties and INCOME RECEIVED from each property for the year.

Address 1:

Income received (\$):

Did you receive rent for the full year? Yes No If no, period rented:

Address 2:

Income received (\$):

Did you receive rent for the full year? Yes No If no, period rented:

If you have more than two rental properties, please supply the above details for each property and attach it to this checklist.

Rental Properties - Expenses

Please list below the expenses associated with the properties you detailed in the previous section.

Property 1		Property 2	
Advertising for tenants	\$ <input type="text"/>	Advertising for tenants	\$ <input type="text"/>
Bank charges	\$ <input type="text"/>	Bank charges	\$ <input type="text"/>
Body corporate fees	\$ <input type="text"/>	Body corporate fees	\$ <input type="text"/>
Borrowing expenses	\$ <input type="text"/>	Borrowing expenses	\$ <input type="text"/>
Council rates	\$ <input type="text"/>	Council rates	\$ <input type="text"/>
Gardening & lawn mowing	\$ <input type="text"/>	Gardening & lawn mowing	\$ <input type="text"/>
Insurance	\$ <input type="text"/>	Insurance	\$ <input type="text"/>
Pest Control	\$ <input type="text"/>	Pest Control	\$ <input type="text"/>
Property agent fees / Commissions	\$ <input type="text"/>	Property agent fees / Commissions	\$ <input type="text"/>
Repairs / Property improvements (attach details)	\$ <input type="text"/>	Repairs/Property improvements (attach details)	\$ <input type="text"/>
Stationery	\$ <input type="text"/>	Stationery	\$ <input type="text"/>
Telephone	\$ <input type="text"/>	Telephone	\$ <input type="text"/>
Water charges	\$ <input type="text"/>	Water charges	\$ <input type="text"/>
Travel to property (inspection or collect rent)	\$ <input type="text"/>	Travel to property (inspection or collect rent)	\$ <input type="text"/>

If you have more than two rental properties, please supply the above details for each property and attach it to this checklist.

FOREIGN INCOME

Did you receive income from any foreign sources during the year? Yes No

Please supply below details of foreign income and sources (e.g. UK Government – Pension)

Source 1	<input type="text"/>	Amount	\$ <input type="text"/>
Source 2	<input type="text"/>	Amount	\$ <input type="text"/>
Source 3	<input type="text"/>	Amount	\$ <input type="text"/>
Source 4	<input type="text"/>	Amount	\$ <input type="text"/>

CAPITAL GAINS

Did you have any CGT events during the year? Yes No

Please attach all relevant details for each CGT event (e.g. share purchase & sale prices, property purchase & sale contracts, dates etc.)

OFFSETS

Zone

Did you live/work in a remote or isolated area of Australia during the year? Yes No

Location:

PRIVATE HEALTH INSURANCE

Do you have Private Health Insurance Cover? Yes No

Are all your dependants covered under this fund? * Yes No

*If yes please provide annual fund statement.

DEDUCTIONS

The following expense categories are listed to assist in preparation of your Income Tax Return. If you have paid any of these expenses via salary sacrifice please **do not** include these on the checklist.

GST charged on expenditure is tax deductible where you are not registered for GST and entitled to an Input Tax Credit. If registered for GST and you have claimed input tax credits, please advise expenditure exclusive of GST, and provide copies of BAS Statements lodged during the year.

Accounting/Tax Agent Fees

Taxation: \$ Agent's name, if not EFC:

Bank Charges/Interest

Bank charges and interest are deductible on bank accounts used only for investment purposes.

Account fees: \$ Interest: \$

Computer/Internet Access Expenses

Description	<input type="text"/>	Date of purchase	<input type="text"/>	Amount	\$ <input type="text"/>
Description	<input type="text"/>	Date of purchase	<input type="text"/>	Amount	\$ <input type="text"/>
Description	<input type="text"/>	Date of purchase	<input type="text"/>	Amount	\$ <input type="text"/>
Description	<input type="text"/>	Date of purchase	<input type="text"/>	Amount	\$ <input type="text"/>

Have you maintained a 30-day computer diary to justify usage? Yes No

Percentage of business use: %

Details of professional library, reference journals and home office equipment purchase

Item	<input type="text"/>	Date of purchase	<input type="text"/>	Cost	\$	<input type="text"/>
Item	<input type="text"/>	Date of purchase	<input type="text"/>	Cost	\$	<input type="text"/>
Item	<input type="text"/>	Date of purchase	<input type="text"/>	Cost	\$	<input type="text"/>
Item	<input type="text"/>	Date of purchase	<input type="text"/>	Cost	\$	<input type="text"/>

Donations

Institution	<input type="text"/>	Amount	\$	<input type="text"/>
Institution	<input type="text"/>	Amount	\$	<input type="text"/>

Home Office

Renting Home Owner Do you have a separate Study? Yes No

House used per week hours x weeks x 34c

Income Protection Insurance Yes No

Company	<input type="text"/>	Policy No	<input type="text"/>
Insurance benefit	\$ <input type="text"/>	Premiums Paid	\$ <input type="text"/>

Motor Vehicle Travel (e.g. travel between places of employment)

Kilometres travelled: Vehicle: Engine Capacity: Reg. No:

Reasonable estimate based on: Log book Diary Other If other, please specify

Other Sundry Expenses (e.g. tools of trade, briefcase, protective clothing, Union fees, calculator, framing of degree, etc.)

Receipts Yes No

Details	<input type="text"/>	Amount	\$	<input type="text"/>
Details	<input type="text"/>	Amount	\$	<input type="text"/>
Details	<input type="text"/>	Amount	\$	<input type="text"/>
Details	<input type="text"/>	Amount	\$	<input type="text"/>

Do you have net Medical Expenses >\$2,060 (after Medicare and Private Health Insurance rebates)? Yes No

Did you claim last year? (If no, you are ineligible) Yes No

Details

Stationery, photocopying repairs and maintenance of equipment

Receipts Yes No

Printing, stationery and photocopying \$ Other \$

Repair and maintenance of equipment \$ Other \$

Seminars, conferences, study and exam expenses

Receipts Yes No

Date Description Cost \$

Date Description Cost \$

Date Description Cost \$

Was duration long than six (6) nights? Yes No If yes, did you keep a travel diary? Yes No

Subscriptions/Memberships (employment/business related)

Receipts Yes No

Registration \$ Other \$ Other \$

Telephone - Mobile

Cost \$ If purchased during current financial year, date of purchase:

Total call expenses \$ Rental \$ Business use %

Telephone – Home Office (Work related calls only)

Phone Bills (excluding rental) \$ Business Use % OR Calls per week

OTHER

Do you have an outstanding HELP/SFSS Debt Yes No

If yes, please provide your schedule from the Tax Office

Amount (HELP) \$ Amount (SFSS) \$ Year student supplement loan taken:

Do you or your spouse claim any form of Government Assistance? Yes No

(e.g. Family Tax Benefit, etc.) If yes, please provide Tax Office/Centrelink Schedules

Are there any financial services you would like to know more about (please tick one or more):

Superannuation planning

Wealth Accumulation

Loans

Salary sacrifice

Risk Insurance (e.g. Trauma / Income Protection / Life Insurance)

Other (please specify)

Client Substantiation Declaration

I confirm that I must demonstrate I have incurred an expense for income-producing purposes and am aware of the stringent SUBSTANTIATION legislation I must satisfy in relation to work, car and business travel expenses.

I confirm that I must obtain original receipts and keep them for a minimum of **five** years from the date my return is lodged. The receipts must contain the following details:

1. name of supplier;
2. amount of expense;
3. nature of goods and services (noting the specific type of items purchased or expenditure incurred which I am able to personally record up to the date of lodgement of my return where not adequately noted by the supplier);
4. date of expense (which I am able to personally record where not noted by the supplier); and
5. the date of the documents.

Penalties to apply with incorrect returns

I am aware that additional tax, penalties, interest and possible prosecution action may be taken against me by the ATO if I provide details which lead to an incorrect tax return being lodged.

Income from sources in and out of Australia for the year of income

As an Australian resident I must declare income from all sources, in and out of Australia, including net capital gains received, for the year of income in my tax return.

Apportionment

Where items are used for both business and private purposes, e.g. car, mobile, telephone, home telephone, computer etc., I have records to verify my business usage claim. In addition, my employer will verify that it was necessary to incur such expenditure in earning my assessable income. Further, I have instructed you to prepare the return based on me being able to produce these records, if required.

Audit matters

I further confirm that:

1. I am aware of the procedures to follow if a document is lost or destroyed;
2. I may be required to verify any income or expense item noted in my return in the event of an ATO audit;
3. I understand the Substantiation schedules I completed for all work, car and travel expense claims under self-assessment; and
4. I have read and understood the return prepared for me.

Client substantiation declaration

I declare that:

- a. I have disclosed and you have returned all of the income, including net capital gains which I have earned/received, for the current & future income years.
- b. All income declared, claims for deductions and tax offsets/rebates included in my return are based on my specific instructions and advice that I satisfy the relevant taxation requirements.
- c. I have all receipts or documentation necessary to substantiate the above claims and I will make them available if required by the Tax Office.
- d. You have clarified what written evidence (including car/travel records) will be required during an audit and penalties (including prosecution) that may be applied if incorrect claims are identified in an audit situation.

Signature of taxpayer:

Name:

Date:

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