

# Income Tax Return Checklist

 YEAR ENDED: 

Tax File Number: For security reasons please do not enter your TFN.

**NEW CLIENTS: Please phone our office to provide your TFN.**

 Email: [admingroup@efcgroup.com.au](mailto:admingroup@efcgroup.com.au)

 ABN (if applicable):               

## PERSONAL DETAILS

 Full Name: 

 Preferred Name: 

 Address:   


 Postal Address:   
 (if different from above) 

 Date of Birth:   /   /  

 Occupation: 

 Telephone: Work:  Home:   
 Mobile:  Fax: 

 Email address: 

 Would you like to digitally sign your documents using the electronic signing software FuseSign? Yes  No   
*If so, please ensure you have provided a mobile number and email address.*

## BANK TRANSFER

Please provide bank account details for electronic transfer of funds

 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**

**PAYG Payment Summaries**

Employer Details:


Bank interest earned:

Yes  No

Bank:

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BSB Number:

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Account Number:

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TFN Tax (\$):

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Amount (\$):

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Is account jointly held?

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Distributions from Trust / Partnerships / Managed Funds:

Yes  No

Details:

	Amount \$	
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Details:

	Amount \$	
--	-----------	--

Details:

	Amount \$	
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Dividends Received:

Yes  No

Name of Company:

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Unfranked Amount (\$):

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Franked Amount (\$):

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Imputation Credit (\$)

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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

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	\$	Advertising for tenants	\$
Bank charges	\$	Bank charges	\$
Body corporate fees	\$	Body corporate fees	\$
Borrowing expenses	\$	Borrowing expenses	\$
Council rates	\$	Council rates	\$
Gardening & lawn mowing	\$	Gardening & lawn mowing	\$
Insurance	\$	Insurance	\$
Pest Control	\$	Pest Control	\$
Property agent fees / Commissions	\$	Property agent fees / Commissions	\$
Repairs / Property improvements (attach details)	\$	Repairs/Property improvements (attach details)	\$
Stationery	\$	Stationery	\$
Water charges	\$	Water charges	\$
Loan Interest	\$	Loan Interest	\$
Land Tax	\$	Land Tax	\$
Emergency Services Levy	\$	Emergency Services Levy	\$

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 list each CGT event (e.g. sale of Telstra shares, sale of investment property at ... ) below

Event 1	<input type="text"/>
Event 2	<input type="text"/>
Event 3	<input type="text"/>
Event 4	<input type="text"/>

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:

### Spouse

Did you have a dependent spouse during the year? Yes  No

Period:

Did you make Superannuation Contributions on behalf of your spouse? Yes  No

Amount:

## PRIVATE HEALTH INSURANCE

Do you have Private Health Insurance Cover? Yes  No

Fund:  Membership No:

Level of cover:  Date commenced:

Rebate claimed (please supply Health Fund Annual Statement) Yes  No

## SUPERANNUATION

Did you make any additional lump sum contributions to your superannuation fund? (Not made by your employer) Yes  No

If so, do you wish to claim a tax deduction for these additional contributions Yes  No

Have you received an acknowledgement from the fund? Please provide a copy. \_\_\_\_\_

## 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"/>

**Donations**

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

**Home Office (General)**

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

House used per week: Hours x  Weeks x

**Home Office (COVID-19)** Please advise if you were required to work from home during the COVID-19 pandemic

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

House used per week: Hours x  Weeks x

**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 Type:  Reg. No:

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

**Log Book Method (Motor Vehicle Expenses)**

Date completed:  Vehicle Type:  Reg. No:

Business %:  Fuel \$  Insurance: \$  Registration: \$  Repairs \$

**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"/>

**Stationery, photocopying repairs and maintenance of equipment** Yes  No

Printing, stationery and photocopying	\$	<input type="text"/>	Other	\$	<input type="text"/>
Repair and maintenance of equipment	\$	<input type="text"/>	Other	\$	<input type="text"/>

**Seminars, conferences, study and exam expenses**

Date	<input type="text"/>	Description	<input type="text"/>	Cost	\$	<input type="text"/>
Date	<input type="text"/>	Description	<input type="text"/>	Cost	\$	<input type="text"/>
Date	<input type="text"/>	Description	<input type="text"/>	Cost	\$	<input type="text"/>

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	\$	<input type="text"/>	Other	\$	<input type="text"/>	Other	\$	<input type="text"/>
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**Telephone - Mobile**

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

Total call expenses \$  Rental \$  Business use  %

**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

**Additional Information**

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

<input type="checkbox"/> Superannuation planning	<input type="checkbox"/> Wealth Accumulation	<input type="checkbox"/> Loans
<input type="checkbox"/> Salary sacrifice	<input type="checkbox"/> Risk Insurance (e.g. Trauma / Income Protection / Life Insurance)	
<input type="checkbox"/> Other (please specify)	<input style="width: 600px;" type="text"/>	

It would be greatly appreciated if you could please bring your completed form to your Tax Return appointment, or email it to [admingroup@efcgroup.com.au](mailto:admingroup@efcgroup.com.au)