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# 2019/20 INDIVIDUAL INCOME TAX RETURN CHECKLIST

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*To assist us in preparing your income tax return, please use this checklist when you compile your information. Completing the checklist can take some time and effort however your efforts will enable us to process your work more efficiently. This can lead to both time and cost savings as we will not need to come back to you with further requests for information thus delaying the processing of our return.*

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Please ensure you complete ALL relevant questions and provide additional information as required.

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## Personal Details

MR/MRS/MS/MISS

Name:

*Note: if personal information has changed please complete, otherwise leave blank*

Date of Birth:

Tax File Number:

Address:

Email:

Occupation:

Phone:

Are you an Australian Resident:    YES    NO    UNSURE

Did you become or cease to be an Australian Resident during the year:     YES     NO     UNSURE

*In the case of a tax refund, please supply the following information as this is now compulsory per the ATO for taxpayers receiving a refund.*

BSB Number:

Account Number:

Account Name:

Please provide the following details for your spouse if we do not prepare his or her tax return:

Name:

Date of Birth:

Adjusted Tax Income:

Do you have any dependant children?      YES      NO      If yes, how many?

**Income**

**YES   NO**

*Please tick and provide additional paperwork as required*

- Salary or wages (including workcover/paid parental leave)  YES  NO
- Allowances, earnings, tips, directors fees etc  YES  NO
- Employer lump sum payments eg Pro Rate Annual Leave  YES  NO
- Employment Termination Payments  YES  NO
- Australian Government allowances and payments such as Newstart, youth allowance, and Austudy payments  YES  NO
- Australian Government pensions and allowances  YES  NO
- Australian superannuation pensions or lump sum payments  YES  NO
- Bank Interest  YES  NO
- Dividends from companies in Australia (including any reinvested)  YES  NO
- Employee Share Schemes  YES  NO
- Distributions from partnerships and/or trusts  YES  NO
- Foreign source income (including pensions) and foreign assets or property  YES  NO
- PSI or Business Income  YES  NO
- Rental properties (refer to Rental Property checklist)  YES  NO
- Sale of assets with potential Capital Gains Tax implications  YES  NO
- Life Assurance Bonuses  YES  NO
- Insurance Payout  YES  NO
- Have you received any other income?  YES  NO
- Please provide details of any other income you have received?

Work Related Deductions	YES	NO
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*Please tick and provide additional paperwork as required*

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|---|--------------------------|--------------------------|
| • Motor Vehicle Expenses                              | <input type="checkbox"/> | <input type="checkbox"/> |
| • Travel expenses in relation to your employment      | <input type="checkbox"/> | <input type="checkbox"/> |
| • Work related or occupation specific clothing        | <input type="checkbox"/> | <input type="checkbox"/> |
| • Protective clothing                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| • Laundry expenses                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| • Sun protection products                             | <input type="checkbox"/> | <input type="checkbox"/> |
| • Self education                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| • Union fees  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Professional memberships                            | <input type="checkbox"/> | <input type="checkbox"/> |
| • Meals when working overtime                         | <input type="checkbox"/> | <input type="checkbox"/> |
| • Conference or Seminar costs                         | <input type="checkbox"/> | <input type="checkbox"/> |
| • Books, journals and professional libraries          | <input type="checkbox"/> | <input type="checkbox"/> |
| • Telephone and/or internet                           | <input type="checkbox"/> | <input type="checkbox"/> |
| • Home office (provide hours of use per week)         | <input type="checkbox"/> | <input type="checkbox"/> |
| • Computers and/or software for work related purposes | <input type="checkbox"/> | <input type="checkbox"/> |
| • Tolls   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Parking   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Expenses relating to allowances received            | <input type="checkbox"/> | <input type="checkbox"/> |
| • Tools and or equipment                              | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide details of any other work related expenses you have paid:

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Other Deductions	YES	NO
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*Please tick and provide additional paperwork as required*

- School and building fund donations

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- Gifts or donations to charity

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- Expenses relating to dividend or interest income

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- Tax agent fee

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- Distance travelled to tax agent last year

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- Income Protection Insurance

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- Interest of Dividend deductions

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- Are you self employed and have made personal Superannuation contributions?

If Yes and you intend to claim a deduction, please provide a copy of the notice on intent to claim a deduction from and the details below:

Personal superannuation contribution amount \_\_\_\_  
 Full name of Super fund \_\_\_\_\_  
 Account number \_\_\_\_\_  
 Fund ABN \_\_\_\_\_  
 Fund TFN \_\_\_\_\_

- Do you pass the 10% rule?
- Have you provided the fund a notice of intention to deduct the contributions?
- Has this been acknowledged by the fund?

- Tax Losses Carried Forward

Please provide details of any other deductions you have paid:

**Tax Offsets and Rebates****YES NO***Please tick and provide additional paperwork as required*

• Do you have a dependent spouse who was born on or before 30 June 1952?  YES  NO

• Are you a senior Australian or pensioner?  YES  NO

• Did you make superannuation contributions on behalf of your spouse?  YES  NO

• Have you lived in a remote or isolated area of Australia?  YES  NO

If Yes, please specify location \_\_\_\_\_

No. of days lived in location during the year \_\_\_\_\_

• Are you exempt from paying Medicare Levy, or have a Medicare levy reduction?  YES  NO

If Yes, please specify \_\_\_\_\_

• Do you hold private health hospital cover?  YES  NO

If Yes, please provide your annual tax advice from your fund and the following details below:

Health Insurance ID \_\_\_\_\_

Membership Number \_\_\_\_\_

Share of premiums paid in the financial year (label J on your statement) \_\_\_\_\_

Benefit Code (label L on your statement) \_\_\_\_\_

• Do you have a Higher Education Loan Programme (HELP) debt?  YES  NO

• Have you made any PAYG Instalment payments?  YES  NO

I confirm that the above information is correct to the best of my knowledge and that where necessary I hold documentary evidence in support of my claims.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date