



2019 INDIVIDUAL INCOME TAX RETURN CHECKLIST

Name: _____ Date of Birth: _____ Tax File Number (TFN): _____

+ **ALL CLIENTS** (please complete this section)

Name changed since last return? Y / N If yes, previous name: _____

Postal address changed from last tax return? Y / N

Address: _____

Telephone: [H] _____ [W] _____ [M] _____

Email: _____

Would you prefer to be contacted via email? Y / N

What is your occupation? _____

Have you been a resident of Australia for the whole year? Y / N If no, how long: _____

ELECTRONIC FUNDS TRANSFER FOR REFUND (direct into bank account).

Please note, these details are mandatory, as the ATO no longer issue refunds by cheque.

BSB: _____ Account Number: _____

Account Name: _____

INCOME

Please provide supporting documents for the following:

Tick box if applicable

1.	Salary or wages PAYG Summary (Group Certificate), Employment termination payments (ETP)	
2.	Australian Government and Centrelink pensions, allowances or payments	
3.	Australian annuities, superannuation income streams and superannuation lump sum payments	
4.	Interest Received	
5.	Dividends (bring all dividend slips)	
6.	Managed Fund Annual Tax Statements	
7.	Distributions from partnerships and/or trusts	
8.	Net income or loss from business	
9.	Capital gains (sale of assets or investments) Information needed: date of purchase, purchase price (including all cost), date of sale, net sale price	
10.	Do you have a rental property? <i>If Yes, please complete Rental Statement</i>	
11.	Other income (please specify) e.g. life insurance bonuses, Forestry Investment Income etc	

DEDUCTIONS

Please provide supporting documents for the following:

Tick box if applicable

1.	Did you use your vehicle for work related travel during the year? <i>If yes, please provide details ie motor vehicle used, logbook, running expenses, km travels</i>	
2.	Did you incur any other work related travel expenses? <i>If yes, please provide details of airfares, accommodation, hire cars, meals & incidental expenses.</i>	
3.	Did you incur any work related uniform, clothing, laundry and / or dry-cleaning expense? <i>If yes, please provide purchase details of protective, occupation or compulsory clothing and any cleaning expenses</i>	
4.	Did you incur any self-education expenses relating to your employment? <i>If yes, please provide details of fees, books, stationery, travel etc</i>	
5.	Did you incur any other work related expenses? <i>If yes, please provide details eg Home Office hours, computer/software expenses, phone or internet usage, subscriptions, union dues, tools, books/periodicals, sun protection products, Seminars and courses not at an educational institution: course fees, travel and other expenses</i>	
6.	Did you incur any interest or bank charges in relation to investments, or did a financial institution deduct any TFN withholding tax from interest income?	
7.	Did you make any donations of \$2 or more to a deductible gift recipient?	
8.	Cost of managing tax affairs (accounting fee)	
9.	Do you have Income Protection Insurance (Sickness & Accident)? <i>Would like a review or quote on your personal insurance (Life, TPD & Income Protection) or Superannuation Fund? If yes please bring your latest policy or member statement.</i>	

TAX OFFSETS / REBATES

Please provide supporting documents for the following:

Tick box if applicable

T3	Did you make superannuation contributions on behalf of your spouse?	
T4	Did you live in a remote area of Australia, or serve with the Australian Defence Force or UN Armed Forces in the 2017 or 2018 Financial Years?	
	Net medical expenses you have paid for yourself or your family during the year if they exceed \$2,265 in total, relating only to disability aids, attendant care and aged care.	
	Any other rebates you may claim, e.g. dependant relative (invalid and carer), seniors and pensioners, various Centrelink recipients, zone or overseas forces, superannuation contributions on behalf of your spouse, super income stream.	

SPOUSE DETAILS

	Did you have a spouse for the full year?	
	If part year - Start Date: _____ End Date: _____	
	Taxable Income (from 2018 Notice of Assessment)	
	Spouse Full Name	
	Spouse Date of Birth	
	Number of dependent children that you have	

A.	Do you have a HECS/HELP liability or a student supplement loan debt?	
B.	Did you pay or receive child support or maintenance payments?	
C.	Do you have private health cover? If yes, a copy of your annual statement is essential.	

Signature: _____ Date: _____