



Individual Income Tax Return Checklist 2011

Client Name: _____ Client Signature: _____

Postal Address: _____

Residential Address: _____

Home Phone: _____ Mobile: _____

Business Phone: _____ Email: _____

Date Of Birth: _____

Employment Status: Salary or Wage Self Employed Partner Retired

Account Name: _____

BSB: _____ Account Number: _____

INCOME – Please provide evidence

| | |
|--|---|
| Salary or Wages (Attach PAYG Payment Summaries) | Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____ |
| Allowances, earnings, tips, directors fees, etc | Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____ |
| Eligible Termination Payments | Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____ |
| Reportable Fringe Benefits (RFBA) | Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____ |
| Commonwealth of Australia Government allowances/pensions | Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____ |
| Other Australian pensions or annuities (including superannuation pensions) | Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____ |
| Interest including term deposits (Provide BSB and account number) | Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____ |
| Dividends (Provide dividend statements) | Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____ |
| Income from Partnerships and/or Trusts including managed funds | Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____ |
| Net Capital Gains | Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____ |
| Foreign Source Income (inc. foreign pensions) and foreign property | Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____ |
| Rent (Refer to Rental Checklist) | Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____ |

DEDUCTIONS – Please provide evidence

Work-Related Car Expenses

Did you keep a log book for 3 months in the last five years? Yes No

Type of Motor Vehicle: _____ Registration: _____

Date of Acquisition: _____ Cost of Acquisition: _____

Engine Capacity: _____ Business Kilometres travelled this year: _____

| | |
|--|---|
| Cents Per Kilometre Method | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Log Book Method – advise all expenses (repairs/fuel/regio/insurance) | Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____ |
| One-third of actual cost method – advise all expenses | Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____ |
| 12% of actual cost method | Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____ |

Other Work Related Travel Expenses

| | |
|---|---|
| Domestic or overseas travel | Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____ |
| Expenses for airfares, accommodation, hire car, meals and incidentals | Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____ |

Work-Related Uniform and other clothing Expenses

Protective clothing (High visibility attire, workboots) Yes No \$ _____
 Compulsory and/or Register uniform with AusIndustry Yes No \$ _____
 Laundry (up to \$150 without receipts) and dry cleaning Yes No \$ _____

Work-Related self-education Expenses (Course at an education institution)

Course fees, union fees, books, stationary, depreciation, travel, other? Yes No \$ _____

Other work-related Expenses

Home office expenses (34c per hour) - Hours per week Yes No \$ _____
 Computer, software, internet Yes No \$ _____
 Telephone/Mobile Phone Yes No \$ _____
 Tools and Equipment, stationary Yes No \$ _____
 Professional Memberships, subscriptions, union fees Yes No \$ _____
 Journals/periodicals/newspapers Yes No \$ _____
 Depreciation Yes No \$ _____
 Sun Protection Products (i.e. sunscreen, hats and sunglasses) Yes No \$ _____
 Seminars and Courses Yes No \$ _____
 Did you receive a meal allowance or incur meal expenses whilst working overtime? Yes No \$ _____
 Any other work deductions (please specify) Yes No \$ _____

Other

Income protection insurance Yes No \$ _____
 Travel to tax agent Yes No \$ _____
 Do you have a HECS/HELP debt? Yes No \$ _____
 Do you have an up to date Will and Power Of Attorney Yes No

Other types of deductions

Interest and dividend deductions Yes No \$ _____
 Cost of managing tax affairs Yes No \$ _____
 Gifts or donations (*note art union/raffle tickets & careflight bears are not deductible donations*) Yes No \$ _____
 Did you donate to flood relief appeal (including \$10 bucket donation) Yes No \$ _____
 Deductible amount of undeducted purchase price (UPP) of pension or annuity Yes No \$ _____
 Deductible amount of undeducted purchase price (UPP) of a foreign pension Yes No \$ _____
 Superannuation contributions Yes No \$ _____
 Full Name of Fund: _____ Account Number: _____
 Personal Superannuation Contribution (CW to complete item A3) Yes No \$ _____
 Other Deductions (Please Specify)
 Tax losses for earlier income years Yes No \$ _____

TAX OFFSETS/REBATES

Are you eligible for the Family Tax Benefit and the Education Tax Rebate? Yes No
 Do you have a dependant? If so, advise – age, occupation, income Yes No
 Superannuation annuity and pension rebate Yes No \$ _____
 Did you have private health insurance in 2011? Yes No
 Did you live in a remote zone or serve overseas with the defence force in 2011? Yes No
 Did you have net out of pocket medical costs over \$1500? Yes No \$ _____
 Are you entitled to the Medicare levy exemption or reduction in 2011? Yes No

OFFICE USE ONLY

| | | | |
|--|--------------------------|-------------------------|--------------------------|
| Last Year Tax Return and Assessment checked | <input type="checkbox"/> | All workpapers Copied | <input type="checkbox"/> |
| Tax Portal and Pre-Filling Report Checked | <input type="checkbox"/> | Invoice Issued | <input type="checkbox"/> |
| Client Checked for Related References | <input type="checkbox"/> | Prior year file scanned | <input type="checkbox"/> |
| Financial Planning Opportunities/Checklist Completed | <input type="checkbox"/> | | |

Prepared By: _____

Reviewed By: _____