

2019

INCOME TAX RETURN CHECKLIST



YOUR DETAILS

Are you a permanent resident of Australia? YES NO

If no, what date did you apply for residency?

Tax File Number (TFN)

Australian Business Number (ABN)

Mr Mrs Miss Ms Dr.

Occupation

Full Name

Residential Address

Postal Address *(if different to above)*

Date of Birth

Phone

Mobile

No. of Dependents

Email

Financial Institution

Account Name

BSB No.

Account No.

SPOUSE DETAILS

Name

TFN

Date of Birth

No. of Dependents

Occupation

Taxable Income \$

Reportable Fringe Benefits \$

Reportable Super \$

Rental Loss \$

PRIVATE HEALTH INSURANCE

Copy of this statement is essential

Fund Name

Member No.

No. of Dependent Children

Date Covered

Level of Cover *combined, hospital or extras*

NOTES

INCOME

PAYG Payment Summaries *summaries attached?* YES NO

Employer Name	ABN	Gross Income	Tax Withheld
		\$	\$
		\$	\$

Pensions / Superannuation / Government Allowances & Payments *summaries attached?* YES NO

Payment Type	Gross Payment	Tax Withheld
	\$	\$
	\$	\$

Interest earned on Bank Accounts *statements attached?* YES NO

Bank	Account No.	Amount	Tax Withheld
		\$	\$
		\$	\$

Do you have any Foreign Income? *statements attached?* YES NO

Dividends Received *statements attached?* YES NO

Name of Company	Unfranked	Franked	Imputation Credit
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Trust / Partnership Distribution Received *copy of annual tax statements are essential statements attached?* YES NO

Name	Amount	Imputation Credit
	\$	\$
	\$	\$

Business Income *statements attached?* YES NO

Name of Business

Other Income *please supply all relevant documentation*

Did you sell shares, investments or property this year?

Purchase Price \$	Sale Price \$
Date of Purchase	Date of Sale

Rental Property Income *statements attached?* YES NO

DEDUCTIONS

Motor Vehicle Travel *travel between places of employment / clients etc.*

Have you kept a Logbook YES NO *please attach copy*

If no, please provide a reasonable estimate of business KMs travelled (*maximum of 5,000kms*) @ 68c/km

If yes, please complete the section below and provide the business use percentage %

Vehicle - Make, Model & Reg No.

Fuel \$	Tyres/Battery \$	Insurance \$	Registration \$
Services/Repairs \$		Interest/Lease Payments \$	
Other			

Work Related Travel *includes travel costs, meals, accommodation, parking & incidentals etc.*

Details	Amount	Business
	\$	%
	\$	%
	\$	%
	\$	%

Was the duration longer than six (6) nights YES NO If yes, did you keep a travel diary? YES NO *please attach copy*

Laundry / Uniforms / Protective Clothing

Details	Amount
	\$
	\$

Seminars / Conferences / Study & Exam Expenses

Details	Amount
	\$
	\$
	\$

Gifts or Donations *charities, school building funds etc.*

Organisation	Amount
	\$
	\$
	\$

Accounting Fees / Tax Agent Fees

Firm Name	\$
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Capital Items Purchased *work related office equipment, computer, phone etc.*

Details	Amount	Business Use
	\$	%
	\$	%
	\$	%
	\$	%

Home Office

Do you have a separate area for work/study? YES NO

Hours spent per week x weeks @ 52c/hour

Phone / Internet *mobile and landline*

Details	Amount	Business Use
	\$	%
	\$	%

Stationery / Photocopying / Repairs & Maintenance of Equipment

Details	Amount	Details	Amount
	\$		\$
	\$		\$

Professional Memberships / Subscriptions *professional registrations, PI insurance, union fees etc.*

Details	Amount	Details	Amount
	\$		\$
	\$		\$
	\$		\$

Personal Risk Insurance

Type	Insurer	Policy No.	Premium Paid
Life Insurance			\$
Total & Permanent Disability			\$
Income Protection			\$

Personal Super Contributions

Have you provided a Notice of Intent to claim AND received acknowledgement from the fund? YES NO please attach copy

Fund Name	Fund ABN	Account No.	Amount
			\$
			\$