

INDIVIDUAL TAX RETURN DOCUMENT CHECKLIST



CLIENT NAME

CONTACT PHONE

ADDRESS

CITY/PCDE

Please tick each attachment you provide to us:

PAYG SUMMARY *This is the income declaration you receive from your employer in your MyGov*

TERMINATION/LUMP SUM PAYMENTS *This relates to lump sum payment as a result of retirement or retrenchment*

GOVERNMENT BENEFITS / ALLOWANCES / PENSIONS *eg Newstart/Auststudy/Sickness/Carer/Pensions/Annuities*

INTEREST INCOME *Did you receive interest on your savings*

DIVIDENDS RECEIVED *Please provide details on your dividend income*

SHARE TRADING DETAILS *Please provide details on your share purchases & sales of shares including loan statements (interest) - Etrade summary - HIN/SIN access codes (if applicable)*

DISTRIBUTION FROM PARTNERSHIPS/TRUSTS *Please provide annual tax statements*

CAPITAL GAINS/LOSSES *Please provide details on purchase and sale of any Capital Gains or Losses*

FOREIGN INCOME *Please provide details of any foreign earned income*

RENTAL PROPERTY INCOME / EXPENSES *Please download the rental property checklist*

WORK RELATED MOTOR VEHICLE EXPENSES *Please provide details of MV incl. Registration papers / insurance / work related KMs (Log Book) - please note travelling to and from work is not deductible*

OTHER WORK RELATED TRAVEL *Did you incur travel expenses? Please provide detailed cost and receipts*

UNIFORM & PROTECTIVE CLOTHING *Work specific protective clothing or compulsory uniforms?*

WORK RELATED SELF EDUCATION *Work related study expenses during the year?*

OTHER WORK RELATED EXPENSES *eg Computer, Union Fees, Subscriptions, Tools, Home Office/Telephone & Mobile / Internet usage all require evidence and need to be apportioned to private/work use*

OTHER DEDUCTIONS *Donations / Tax Agent fees / Income Protection Insurance*

PRIVATE HEALTH CARE COVER *Please provide statement from your Health Care Provider*

ZONE REBATE *Location(s):* _____ *Days:* _____
applies only to taxpayers who live in a remote area for a minimum of 183 consecutive days.

PART YEAR TAX FREE THRESHOLD *Did you complete fulltime study or become/cease Australian residency?*

HELP DEBT / FINANCIAL SUPPLEMENT LOANS *Do you have HELP(HECS) or FSL outstanding?*

SPOUSE TAXABLE INCOME _____ *(IF NOT OUR CLIENT)*

SPOUSE SUPER CONTRIBUTION _____ *(If spouse is not working and you have contributed super for him/her please let us know)*

MEDICARE EXEMPTION FOR WORK VISA HOLDERS *Exemption letter must be obtained prior to lodgement (if you wish for us to apply for the Exemption please be aware we charge a fee for this service)*

SUPERANNUATION BALANCE _____ *Super Fund* _____ *Membership#*

CLIENT COMMENT:

NEW CLIENTS PLEASE PROVIDE A COPY OF THE MOST RECENTLY LODGED TAX RETURN
Please attach this list to the copies of your documents that you forward to us:
Please don't forward originals by mail