

Individual Checklist

GENERAL INFORMATION

Title:	Date of Birth:
First Name:	Tax File Number:
Middle Name(s):	ABN:
Surname:	Preferred Name:
Home Address:	Postal Address:
Home Phone:	Medicare Number:
Work Phone:	Medicare Card Reference Number:
Mobile Phone:	Did you lodge a return last year? Yes / No
Email:	If no, last year lodged:
Job Title:	Did we complete the return? Yes / No
Occupation:	If no, preparer's contact details:

Please provide us with a copy of your last tax return if not prepared by us.

INCOME

- A. **Salary & Wages** I have attached PAYG Payment Summaries.
 (Check the dates of employment to ensure none are missed.)
- B. **Australian Government Payments** (e.g. Newstart, Youth Allowance, Age Pension)
 I have attached statements from Centrelink and/or Department of Veterans' Affairs.
- A. **Pensions, Annuities and Superannuation Income Streams / Lump Sum Payments**
 I have attached PAYG Payment Summaries.
- B. **Employment Termination Payments (ETP's)** (A lump sum paid by your employer when you retired or ceased employment.)
 I have attached ETP's
- C. **Interest Income** I have attached statements or completed below:

Bank/Credit Union	BSB No	Account No	Total Received	TFN Withholding Tax	Jointly held / Individual
1					
2					
3					
4					

- D. **Income from Managed funds, Partnerships & Trusts**
 I have attached yearly taxation reports
- E. **Did you receive any income from Insurance Policies this year?** Attach details
- F. **Did you sell any assets during the year?** Yes No

You will need to provide the buying, selling and any other associated costs of any assets you purchased after 19th September 1985. We will contact you regarding more specific Capital Gains Tax information.

G. **Dividends from Shares**

I have attached statements or completed below:

Company Name	Date Paid	Unfranked amount	Franked amount	Imputation credits	TFN Withholding Tax	Jointly held / Individual

Note: Most companies pay two dividends per year. Dividends from Dividend Reinvestment Plans must also be declared.

H. **Did you receive any income from Overseas?** Attach details

I. **During the year did you own, or have an interest in assets located outside Australia, which had a total value of AUD\$50,000.00 or more?** Yes No

Have you ever, either directly or indirectly, caused the transfer of property - including money - or services to a non-resident trust estate? Yes No

Did you have an interest in a foreign investment fund (FIF) or a foreign life insurance policy (FLP)? Yes No

J. **Did you receive any income from any other source?** Attach details
 e.g. Allowances, Earnings, Tips, Director's Fees, Farm Management Deposits, Employee Share Scheme, Forestry managed investment scheme.

EXPENSES

If your total claim for work related expenses (items 1 to 5) is less than \$300 you will not need receipts to substantiate your claim. Once your claim is more than \$300, even the first \$300 must be substantiated. In some circumstances other evidence, such as diary entries, cheque butts or credit card statements may be acceptable. If you are unsure what records are required to be kept or for how long these records must be maintained, please ask.

1. **Motor Vehicle Expenses** for vehicles you own or are under finance

Registration No.:	Engine Size (CC or L):	No. Cylinders:
Make:	Model:	

Have you kept a logbook? If yes, please provide a copy and complete below.

Opening odometer reading: Closing odometer reading:

Fuel & Oil:	Insurance:	Registration:
Servicing:	Tyres/Batteries:	Repairs/Maintenance:

If the vehicle is under finance (lease, hire purchase, chattel mortgage or personal loan) please provide a copy of the paperwork.

If no logbook has been kept, please provide an estimate of the number of kilometres travelled for work purposes. Please detail how you arrived at this estimate. (eg. Travel to customer, 2 times / month @ 20km each way x 2 return for 6 months = 480km)

Estimated number of km's:

2. **Other Travel Expenses** Tolls and Parking costs, Airfares, Accommodation, Meals and Vehicles owned by somebody else.

Amount:	Description:
Reason for Travel (including no. of nights you slept away from home):	

3. **Work Related Uniforms** Including Dry cleaning & Safety Footwear

Cost:	Description:
Compulsory uniform / Non-Compulsory uniform / Protective / Occupation Specific (Please circle one)	Are you responsible for the laundry of this uniform? Yes / No

4. **Self Education expenses** For a course relating to your occupation

Name of Course:	Institution:
Description (eg TAFE fees, Stationery, Books, Postage, Internet access, Computer, Student Union Fees):	Amount:
Is there a direct connection between this education and your current occupation? Yes / No Does it maintain or improve a skill or technical knowledge OR lead to an increased income OR Other connection? (Please circle one) If travel for self-education purposes was undertaken, please also complete items 1 and/or 2.	

5. **Other Work Related Expenses** Union fees; Tools; Stationery; Seminars; Internet access*; Professional Memberships, Licences and Subscriptions; Sun Protection items; Plant and Equipment – Computers *, Calculators, Brief cases; Telephone calls ^; Books & Magazines, Overtime Meals

Type:	Amount:	Description:
eg. Union fees	280.00	Misc Workers Union

* An apportionment may need to be done between work and private usage.
 ^ STD & Mobile calls should be highlighted on your phone bills. Local calls will need to be apportioned between work and private by recording both types of calls in a diary for one month to establish a ratio.

Home Office Usage – Easiest way to claim is on an hourly basis – Please keep a diary for one month. Average number of hours per week spent in your home office:

6. **Donations** Charities, School Building Funds, Overseas Aid Funds, Political Parties

Organisation's Name	Amount	Organisation's Name	Amount

7. **Managing your Tax Affairs**

Tax Agents fee:	Postage:
Telephone calls:	Tax Audit Insurance:
Travel to visit tax agent	Estimate of km's travelled:
Vehicle registration no.:	Engine Size (cc's or L):
Make:	Model:

8. **Sickness & Accident or Income Protection Insurance** Attach details

9. **Investment Related Expenses**

Interest on Loan - Please provide statements	Are interest payments in advance? Yes / No
Bank charges:	Borrowing costs:
Fees to Financial adviser:	Telephone calls:
Postage:	Stationery:
Investment Books & Magazines:	Computer costs:
Travel to visit adviser, AGM's etc	Estimate of km's travelled:
Vehicle registration no.:	Engine Size (cc's or L):
Make:	Model:

Note these costs are only claimable for managing current investments, not before investments are actually made.

10. **Do you have any other expenses not mentioned above?** Attach details

e.g. Film Industry Incentives, Forestry Managed Investment Scheme

PRIVATE HEALTH INSURANCE STATEMENT I have attached.

If your income is above a certain threshold and you do not have private patient hospital insurance you may have to pay an extra 1% Medicare levy surcharge.

SUPERANNUATION I have attached

If you have made superannuation contributions for either yourself or your spouse, please provide a copy of the notice you received from your superannuation fund.

TAX OFFSETS

A. **Spouse (Married or De Facto)** Do you have one? Yes / No

If yes and we do not prepare their income tax return please supply the following:

Title:	First Name:	Middle Name(s):	Surname:
Date of Birth:	Tax file number:	Taxable Income:	Reportable Fringe Benefits:
Medicare No:		Reference no. on Card	

B. **Dependent Children** Do you have any? Yes / No

A child is dependent if they are under 21 years or a Student under 25 years

If yes and we do not complete their income tax return please supply the following:

Full name	Date of birth	Full time student	Primary School Student / Secondary School Student	Income	Medicare Reference No.
1.		Yes/no		\$	
2.		Yes/no		\$	
3.		Yes/no		\$	
4.		Yes/no		\$	

We also need this information to claim for **Education Tax Refund** - See Item F

C. **Zone** Do you live or work in a remote or isolated area?

Please complete the table below and the details at items A & B above.

Location:	Date From:	Date To:
Eg. Weipa	15 July	21 November

D. **Parent, Spouse's Parent or Invalid Relative**

Please ask for details if you believe this applies to you.

E. Medical Expenses Exceeding \$1500

This includes amounts not reimbursed by Medicare or your private health insurance fund. Eligible expenses include, but are not limited to, doctors, nurses, hospitals, optical, dental, physiotherapy, hearing aids, prescription medicines and payments to chemists for items prescribed by a doctor. If in doubt, please ask. Some cosmetic procedures are excluded. A taxpayer may claim for the medical expenses of all family members (spouse and children under 21 years or students under 25 years) regardless of their incomes.

Please provide a list in the following format.

Date	Description	Total Cost	Amount reimbursed	Net Cost
eg 21/03/05	Dr Smith – GP	45.00	25.30	19.70
eg 08/12/04	Brown's Pharmacy – Blood pressure medicine	28.50	0.00	28.50

Please ensure that you provide your Medicare Card Number on page 1.

F. Education Tax Refund

This lets you claim up to 50% of eligible education expenses for school children. Eligible education expenses include text books, stationery, internet costs, computer equipment, repairs to computer equipment and computer software. Please provide a list of all expenses and complete Item B above

Date	Description	Amount
eg 04/07/08	Laptop computer	1299.00

REFUNDS

If you would like your tax refund paid directly into your bank account you will need to provide us with the following:

BSB / Branch No. (must be 6 digits):	
Account number:	
Name in which Account is held:	

MISCELLANEOUS

Please place a tick beside any of the following items, which apply to you, and provide details. If you are unsure what information is required, please ask.

Have you changed any part of your name since lodging your last return?	
Were you under 18 years of age as at the 30 th of June?	
Did you become or cease to be an Australian resident during this financial year?	
Did you make any payments to the ATO more than 14 days before the due date?	
Are you a blind pensioner or in receipt of sickness allowance from Centrelink?	
Are you entitled to full free medical treatment under Defence Force or Veterans' Affairs arrangements?	
Do you have a HELP debt or SFSS loan?	
Did you have a baby or gain legal responsibility for a child under 5 between 1 July 2001 and 30 June 2004?	
Do you have any Landcare and/or Water Facility Tax Offset to be brought forward?	
Are you or your spouse a veteran, war widow or war widower?	
Did you have a child-housekeeper or housekeeper?	
Have you invested in the Australian Film Industry?	
Have you made deposits into, or withdrawn funds from, the Farm Management Deposits Scheme?	
Are you a primary producer?	
Are you a special professional (ie. artist, writer, composer, inventor or sportsperson)?	