

INDIVIDUAL INCOME TAX RETURN CHECKLIST

Client Name:

Previous Names:

Home Address:

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Postal Address:

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Telephone Number: Mobile Number:

Email Address:

Tax File Number: ABN:

Date of Birth: Occupation:

Spouse details:

Dependants: Yes/No

If yes, please provide details:

Full Name & Date of Birth:

Full Name & Date of Birth:

Full Name & Date of Birth:

Full Name & Date of Birth:

Please provide bank details for deposit of refunds:

Account name:

BSB:

Account Number:

Account name:

BSB:

Account Number:

Please circle YES or NO for each of the items listed below. If you circle YES, please provide evidence:

INCOME

- Salary or wages (please advise if you worked in a remote area) YES NO
 - Allowances, earning, tips, director’s fees etc YES NO
 - Australian Government allowances and pensions YES NO
 - Australian annuities and superannuation income streams YES NO
 - Australian superannuation lump sum payments YES NO
 - Interest YES NO
 - Dividends YES NO
 - Distributions from partnerships and/or trusts YES NO
 - Business income or losses YES NO
 - Net farm management deposits or withdrawals YES NO
 - Capital Gains (please attach purchase and sale evidence) YES NO
 - Foreign source income (including foreign pensions) YES NO
 - Rent (please provide purchase documents, if recently purchased) YES NO
 - Other income (please specify) YES NO
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DEDUCTIONS

Work related car expenses

Make: Model:

- Cents per kilometre (up to a maximum of 5,000kms) YES NO
- Log book method (log book to be provided) YES NO
- One-third of actual expenses method YES NO
- 12% of actual cost method YES NO



Work related travel expenses

Employee domestic travel with reasonable allowance	YES	NO
Do you have receipts for your expenses?	YES	NO
Overseas travel with reasonable allowance	YES	NO
Do you have receipts for accommodation expenses?	YES	NO
If travel is for 6 or more nights in a row, do you have a travel diary?	YES	NO
Employee without a reasonable travel allowance	YES	NO
Did you incur and have receipts for airfares?	YES	NO
Did you incur and have receipts for accommodation?	YES	NO
Do you have receipts for hire cars (if applicable)?	YES	NO
Did you incur and have receipts for meals and incidental expenses?	YES	NO
Other work-related travel expenses e.g.; a borrowed car (please specify)	YES	NO

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Work related uniform and other clothing expenses

Protective clothing	YES	NO
Occupation specific clothing	YES	NO
Non-compulsory uniform	YES	NO
Compulsory uniform	YES	NO
Conventional clothing	YES	NO
Laundry expenses (up to \$150 without receipts)	YES	NO
Dry cleaning expenses	YES	NO
Other claims such as mending/repairs, etc (please specify)	YES	NO

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Work related self-education expenses, please provide details of the following or attach evidence:

- Union fees
- Course fees
- Books, stationery
- Depreciation
- Seminars
- Travel
- HECS/HELP
- Other (please specify)
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Other work related expenses, please provide details of the following or attach evidence:

- Home office expenses
- Computer and software
- Telephone/mobile
- Tools and equipment
- Subscriptions
- Sun protection products
- Other (please specify)

Other types of deductions

- Interest:
- Dividend deductions
- Gifts or donations
- Accounting Fees
- Income Protection Insurance
- Personal superannuation contributions

Full name of fund:

Account Number: Fund ABN: Fund TFN:

OTHER RELEVANT INFORMATION

Please provide the following where applicable:

- Copy of your Private Health Insurance Statement for the financial year, please provide details of who is covered on this policy:

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- Copy of your Medicare Statement for the financial year
- Details of any investments made during the year
- Details of your spouse if Marshall Michael is not preparing their return.

Name

DOB

Taxable income:

- Details of any changes in your personal circumstances eg. Marriage, Birth of Children etc

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- Did you pay child support in 2016?

Please provide any other information that is integral to the completion of your 2016 income tax return:

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Signature of taxpayer

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Date