

## Individual Tax Return Checklist

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Name:

Occupation:

For tax refund, provide Bank details:

BSB:  Account Number:

Account Name:

PLEASE TICK YES OR NO FOR EACH OF THE ITEMS LISTED BELOW

INCOME – Please provide evidence	Yes	No
1. Salary or wages	<input type="checkbox"/>	<input type="checkbox"/>
2. Allowances, earnings, tips, director's fees, etc.	<input type="checkbox"/>	<input type="checkbox"/>
3. Employer Lump sum payments	<input type="checkbox"/>	<input type="checkbox"/>
4. Employment termination payments	<input type="checkbox"/>	<input type="checkbox"/>
5. Australian Government allowances and payments like Newstart, Youth allowance and Austudy payment	<input type="checkbox"/>	<input type="checkbox"/>
6. Australian Government pensions and allowances	<input type="checkbox"/>	<input type="checkbox"/>
7. Australian annuities and superannuation income streams	<input type="checkbox"/>	<input type="checkbox"/>
8. Australian superannuation lump sum payments	<input type="checkbox"/>	<input type="checkbox"/>
9. Attributed personal services income	<input type="checkbox"/>	<input type="checkbox"/>
10. Gross interest	<input type="checkbox"/>	<input type="checkbox"/>
11. Dividends	<input type="checkbox"/>	<input type="checkbox"/>
12. Employee Share Schemes	<input type="checkbox"/>	<input type="checkbox"/>
13. Distributions from partnerships and/or trusts	<input type="checkbox"/>	<input type="checkbox"/>
14. Personal services income (PSI)	<input type="checkbox"/>	<input type="checkbox"/>
15. Net income or loss from business (as a sole trader)	<input type="checkbox"/>	<input type="checkbox"/>
16. Deferred non-commercial business losses	<input type="checkbox"/>	<input type="checkbox"/>
17. Net farm management deposits or repayments	<input type="checkbox"/>	<input type="checkbox"/>
18. Capital gains	<input type="checkbox"/>	<input type="checkbox"/>
19. Foreign entities	<input type="checkbox"/>	<input type="checkbox"/>
20. Foreign source income (including foreign pensions) and foreign assets or property	<input type="checkbox"/>	<input type="checkbox"/>
21. Rent	<input type="checkbox"/>	<input type="checkbox"/>
22. Bonuses from life insurance companies or friendly societies	<input type="checkbox"/>	<input type="checkbox"/>
23. Forestry managed investment scheme income	<input type="checkbox"/>	<input type="checkbox"/>
24. Other Income (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

DEDUCTIONS – Please provide evidence		Yes	No
<b>D1. Work related car expenses</b>			
- Cents per kilometre method (up to a maximum of 5,000 kms)	<input type="checkbox"/>	<input type="checkbox"/>	
- Log book method	<input type="checkbox"/>	<input type="checkbox"/>	
<b>D2. Work related travel expenses</b>			
Employee domestic travel with reasonable travel allowance	<input type="checkbox"/>	<input type="checkbox"/>	
- If the claim is more than the reasonable allowance rate, do you have receipts for your expenses?	<input type="checkbox"/>	<input type="checkbox"/>	
Overseas travel with reasonable travel allowance	<input type="checkbox"/>	<input type="checkbox"/>	
- Do you have receipts for accommodation expenses?	<input type="checkbox"/>	<input type="checkbox"/>	
- If travel is for 6 or more nights in a row, do you have travel records (e.g. a travel diary)	<input type="checkbox"/>	<input type="checkbox"/>	
Employee without a reasonable travel allowance	<input type="checkbox"/>	<input type="checkbox"/>	
- Did you incur and have receipts for airfares?	<input type="checkbox"/>	<input type="checkbox"/>	
- Did you incur and have receipts for accommodation?	<input type="checkbox"/>	<input type="checkbox"/>	
- Did you incur and have receipts for hire cars (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	
- Did you incur and have receipts for meals and incidental expenses?	<input type="checkbox"/>	<input type="checkbox"/>	
- Do you have any other travel expenses?	<input type="checkbox"/>	<input type="checkbox"/>	
Other work-related travel expenses (e.g. a borrowed car, public transport) (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>D3. Work related uniform and other clothing expenses</b>			
Protective clothing	<input type="checkbox"/>	<input type="checkbox"/>	
Occupation specific clothing	<input type="checkbox"/>	<input type="checkbox"/>	
Non-compulsory uniform	<input type="checkbox"/>	<input type="checkbox"/>	
Compulsory uniform	<input type="checkbox"/>	<input type="checkbox"/>	
Conventional clothing	<input type="checkbox"/>	<input type="checkbox"/>	
Laundry expenses (up to \$150 without receipts)	<input type="checkbox"/>	<input type="checkbox"/>	
Dry cleaning expenses	<input type="checkbox"/>	<input type="checkbox"/>	
Other claims such as mending/repairs, etc. (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>D4. Work related self-education expenses</b>			
Course taken at educational institution:			
- Union fees	<input type="checkbox"/>	<input type="checkbox"/>	
- Course fees	<input type="checkbox"/>	<input type="checkbox"/>	
- Books, stationery	<input type="checkbox"/>	<input type="checkbox"/>	
- Travel	<input type="checkbox"/>	<input type="checkbox"/>	
- Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	

DEDUCTIONS (cont.) – Please provide evidence		Yes	No
<b>D5. Other work related expenses</b>			
Home office expenses		<input type="checkbox"/>	<input type="checkbox"/>
Computer and software		<input type="checkbox"/>	<input type="checkbox"/>
Telephone/mobile phone		<input type="checkbox"/>	<input type="checkbox"/>
Tools and equipment		<input type="checkbox"/>	<input type="checkbox"/>
Subscriptions and union fees		<input type="checkbox"/>	<input type="checkbox"/>
Journals/periodicals		<input type="checkbox"/>	<input type="checkbox"/>
Depreciation		<input type="checkbox"/>	<input type="checkbox"/>
Sun protection products (i.e. sunscreen and sunglasses)		<input type="checkbox"/>	<input type="checkbox"/>
Seminars and courses not at an educational institution		<input type="checkbox"/>	<input type="checkbox"/>
Any other work related deductions (please specify)		<input type="checkbox"/>	<input type="checkbox"/>

OTHER TYPES OF DEDUCTIONS		Yes	No
<b>D6. Low value pool deduction</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>D7. Interest deductions</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>D8. Dividend deductions</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>D9. Gifts or donations</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>D10. Costs of managing tax affairs</b>			
- Interest charged by the ATO (eg. including SIC and GIC)		<input type="checkbox"/>	<input type="checkbox"/>
- Litigation costs		<input type="checkbox"/>	<input type="checkbox"/>
- Other expenses incurred in managing tax affairs		<input type="checkbox"/>	<input type="checkbox"/>
<b>D11. Deductible amount of undeducted purchase price of a foreign pension or annuity</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>D12. Personal superannuation contributions</b>		<input type="checkbox"/>	<input type="checkbox"/>
Full name of fund:		Account no.:	
Fund ABN:		Fund TFN:	
Have you provided the fund a notice of intention to deduct the contribution?		<input type="checkbox"/>	<input type="checkbox"/>
Has this notice been acknowledged by the fund?		<input type="checkbox"/>	<input type="checkbox"/>
<b>D13. Deduction for project pool</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>D14. Forestry managed investment scheme deduction</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>D15. Other deductions (please specify)</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>L1. Tax losses of earlier income years</b>		<input type="checkbox"/>	<input type="checkbox"/>

OTHER TYPES OF DEDUCTIONS (cont.)		Yes	No
<b>Tax offsets/rebates</b>			
<b>T1.</b> Are you a senior Australian or a pensioner?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>T2.</b> Did you receive an Australian superannuation income stream?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>T3.</b> Did you make superannuation contributions on behalf of your spouse?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>T4.</b> Did you live in a remote area of Australia or serve overseas with the Australian defence force or the UN armed forces during this income tax year?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>T5.</b> Did you maintain a dependant who is unable to work due to invalidity or carer obligations?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>T6.</b> Are you entitled to claim the landcare and water facility tax offset?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>T7.</b> Are you involved in an early stage venture capital limited partnership?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>T8.</b> Are you an early stage investor in an early stage innovation company?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>T9.</b> Are you entitled to any other non-refundable tax offsets? (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>T10.</b> Are you entitled to any other refundable tax offsets? (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other relevant information</b>			
<b>A.</b> Are you entitled to the Medicare levy exemption or reduction during this income tax year?	<input type="checkbox"/>	<input type="checkbox"/>	
(if yes, please specify):			
<b>B.</b> Did you and your spouse/dependants have private health insurance during this income tax year?	<input type="checkbox"/>	<input type="checkbox"/>	
(if yes, please provide the annual statement received from your health fund):			
<b>C.</b> Were you under the age of 18 on the 30 June this income tax year?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>D.</b> Did you become an Australian tax resident at any time during this income tax year?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>E.</b> Did you cease to be an Australian tax resident at any time during this income tax year?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>F.</b> Did you make a non-deductible (non-concessional) personal super contribution?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>G.</b> Do you have a HELP liability, Student Financial Supplement Loan debt, Student Start-up Loan debt or Trade Support Loan debt?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>H.</b> Are you a working holiday maker in Australia on a 417 (working holiday) visa or 462 (working holiday) visa?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>I.</b> Did a trust or company distribute income to you in respect of which family trust distribution tax was paid by the trust or company?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>J.</b> Do you have a loan with a private company or have such a loan amount forgiven?	<input type="checkbox"/>	<input type="checkbox"/>	
(if yes, please specify):			
<b>K.</b> Did you receive any benefit from an employee share acquisition scheme?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>L.</b> Family Tax Benefit (FTB):			
- Did you have care of a dependent child during this income tax year?	<input type="checkbox"/>	<input type="checkbox"/>	
- Did you or your spouse receive FTB through the Department of Human Services during this income tax year?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>M.</b> Did you have a spouse at any time during this income tax year?	<input type="checkbox"/>	<input type="checkbox"/>	

 Signature of taxpayer: 

 Date: 

 Print name: