



2009 INDIVIDUAL INCOME TAX RETURN CHECKLIST

Client Name _____

Address _____

Suburb _____ **Post code** _____

Contact Phone _____ **Mobile** _____

E-mail _____

Bank Details for Refund Deposit **BSB** _____ **Account No.** _____

INCOME

Did you receive income relating to any of the following categories?

Salary and wages/PAYG payment summaries	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, please attach details
Centrelink PAYG payment summary	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, please attach details
Aust. government pensions and other allowances	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, please attach details
Other Australian pensions or annuities	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, please attach details
Investment income including interest, dividends and/or distributions	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, complete attached sheet
Income from partnerships and/or trusts	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, please attach details
Did you have a Capital Gain from a sale of assets?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, complete attached sheet
Foreign source income (incl foreign pensions)	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, please attach details
Rental income & expenses	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, complete attached sheet
Bonuses from life assurance or friendly society policy	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, please attach details
Other income (please specify)	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, please attach details

TAX OFFSETS / REBATES / OTHER

Do you wish to claim a Spouse rebate (without dependent child)	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Do you wish to claim the Education Allowance?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Did you have Private Health Insurance?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, please attach statement
Superannuation contributions on behalf of spouse	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Do you wish to claim a 20% tax offset on net medical expenses over \$1,500?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, please attach details
Do you have an accumulated HELP debt?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Do you have an accumulated SFSS loan?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	

DEDUCTIONS

Work related car expense claims

Vehicle Type _____

Kilometre Claim - number of kilometres (< 5,000) # _____ kms

OR

Percentage claim for work use (Log Book) _____ % Work Use

Interest on Loan	\$ _____	Repairs & services	\$ _____
Loan payments	\$ _____	Car washes	\$ _____
Fuel	\$ _____	Other	\$ _____
Registration, insurance & RACV	\$ _____		

Other work related travel expenses

Air fares, train travel, accomodation, meals etc...

Work related uniform & other clothing expenses

Protective clothing	\$ _____
Uniforms	\$ _____
Laundry (up to \$150 without receipts)	\$ _____
Dry cleaning	\$ _____

Other expenses

Power & Gas for working at home	\$ _____
Computer, internet and software	\$ _____
Home telephone	\$ _____
Mobile telephone	\$ _____
Stationery	\$ _____
Tools and equipment	\$ _____
Subscriptions	\$ _____
Seminars & short courses	\$ _____
Journals / periodicals	\$ _____
Sunscreen / sunglasses	\$ _____
Union dues	\$ _____
Other (please specify)	\$ _____
	\$ _____
	\$ _____

Work related self education expenses

Name of course and institution:

Course Fees (HELP is not deductible)	\$ _____
Books	\$ _____
Travel	\$ _____
Stationery	\$ _____
Other (please specify)	\$ _____
	\$ _____
	\$ _____

Deductions against investment income:

Loan Interest	\$ _____	Travel Expenses	\$ _____
Bank Fees	\$ _____	Computer Expenses	\$ _____
Books & Subscriptions	\$ _____	Other	\$ _____

Gifts or donations

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Other Information



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INVESTMENT INCOME

Bank account interest

Name of financial institution	Account No.		Please circle
_____	_____	\$ _____	Individual / Joint
_____	_____	\$ _____	Individual / Joint
_____	_____	\$ _____	Individual / Joint
_____	_____	\$ _____	Individual / Joint
_____	_____	\$ _____	Individual / Joint
_____	_____	\$ _____	Individual / Joint

Dividends: (Please provide details and/or complete)

Name of company	Unfranked	Franked	Imputation Cr	TFN amount

Please circle

Did you receive a distribution from a Managed Fund? NO / YES If yes, attach Annual Tax Statement

CAPITAL GAINS

Property

Purchase Cost	\$ _____	Sale Price	\$ _____
Date on Contract: / /		Date on Contract: / /	
Settlement Date: / /		Settlement Date: / /	
Stamp Duty	\$ _____	Legal Fees to Sell	\$ _____
Title Registration	\$ _____	Agents Commission to Sell	\$ _____
Legal Fees to Purchase	\$ _____	Selling Costs	\$ _____

Shares/Investments

Name of Shares _____	Name of Shares _____
Number of Shares _____	Number of Shares _____
Purchase Date: / / Selling Date: / /	Purchase Date: / / Selling Date: / /
Purchase Cost incl. Brokerage \$ _____	Purchase Cost incl. Brokerage \$ _____
Selling Cost incl. Brokerage \$ _____	Selling Cost incl. Brokerage \$ _____
Name of Shares _____	Name of Shares _____
Number of Shares _____	Number of Shares _____
Purchase Date: / / Selling Date: / /	Purchase Date: / / Selling Date: / /
Purchase Cost incl. Brokerage \$ _____	Purchase Cost incl. Brokerage \$ _____
Selling Cost incl. Brokerage \$ _____	Selling Cost incl. Brokerage \$ _____

RENTAL INCOME AND EXPENSES

PROPERTY 1 Address _____
 Suburb _____ State _____ Post code _____
 Date first earned income _____ No. weeks property was rented this year _____

PROPERTY 2 Address _____
 Suburb _____ State _____ Post code _____
 Date first earned income _____ No. weeks property was rented this year _____

PROPERTY 3 Address _____
 Suburb _____ State _____ Post code _____
 Date first earned income _____ No. weeks property was rented this year _____

Please provide details or complete

	Property 1	Property 2	Property 3
<i>Income</i>	\$	\$	\$
Rent			
<i>Expenses</i>			
Advertising			
Agent's Commission			
Bank Charges			
Body Corporate Fees			
Council Rates			
Gardening/Lawn Mowing			
Insurance			
Interest			
Land Tax			
Letting Fee			
Repairs & Maintenance			
Stationery, Telephone & Postage			
Travel			
Water Rates			
Other (please list)			

Capital Expenses over \$300

Please list items including purchase date

If new property, we require the following:-

- | | |
|--------------------------------------|---|
| Statement of Adjustments on purchase | Loan Establishment and other costs |
| Stamp Duty cost | Loan Statements |
| Registration of Title costs | Quantity Surveyors Report or List of Depreciable Assets |
| Legal Fees on Purchase | |