INDIVIDUAL TAX RETURN CHECKLIST



To assist us in completing your Income Tax Return, please complete the following checklist and return to us together with the relevant items.

FULL NAME:	
CURRENT ADDRESS:	
MOBILE:	
BUSINESS HOURS (WORK):	
AFTER HOURS (HOME):	
EMAIL:	
BANK ACCOUNT DETAILS: BSB:	
ACCOUNT NUMBER:	
JOB DESCRIPTION DETAILS:	
EMPLOYMENT INCOME:	
☐ PAYG Payment Summai	ries
Lump Sum and Termination Payment Summary	
Other Employment Related Income	
☐ Directors Fees	
	AFLITO.
INVESTMENT INCOME STATEM	IEN I S:
☐ Bank Statements – showing interest received	
☐ Dividend Statements	
☐ Trust Distribution Statements	
☐ Capital Gains Tax Statements	
☐ Managed Funds Statements	
☐ Foreign Source Income	and details of any Foreign Tax Credits
OTUED INCOME	
OTHER INCOME:	
☐ Government Pensions a	nd Allowances
☐ Other Pensions and Allo	wances
☐ Details of any Capital As	ssets Sold
REBATES AND OFFSETS:	
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fund in order for us to co	e – you must have your annual statement from your private health omplete your return.

INDIVIDUAL TAX RETURN CHECKLIST



INVEST	MENT PROPERTY:
	Property / Agent Rental Statements
	Advertising Fees
	Body Corporate Fees
	Rates & Taxes
	Insurance Premiums Paid
	Interest Paid
	Inspection Fees
	Repairs and Maintenance
	Land Tax Paid
	Improvements and Renovations Depreciation Schedules
DEDUC	TIONS:
	Motor Vehicle Expenses – details of km travelled and/or details of expenses incurred
	Home Office Expenses
	Gifts or Donations
	Tax Agent Fees
	Self-Education Fees
	Subscriptions and Journals
	Work Related Clothing Expenses
	Tools of Trade
	Income Protection Insurance
	Travelling Expenses
	ME (Print)
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