

2019 Individual Tax Return Checklist

Full Name:				
Occupation (if changed):				
Electronic banking details (if changed):	BSB:		Account Number:	
	Account Name:			
	Bank:			

*Please collect your documents, receipts and tax invoices for the items below.
This will make your tax return appointment faster and easier.*

INCOME

	Yes (Information provided)	No / Not applicable
PAYG summaries/income statements: salary/wages, Government allowances, pensions, super income streams, attributed personal services, annuities, working holiday maker	<input type="checkbox"/>	<input type="checkbox"/>
Lump sum payment summaries: termination payments, super lump sums	<input type="checkbox"/>	<input type="checkbox"/>
Gross bank interest earned (incl. term deposits)	<input type="checkbox"/>	<input type="checkbox"/>
Dividend statements or summary (including reinvestments)	<input type="checkbox"/>	<input type="checkbox"/>
Employee share schemes documentation	<input type="checkbox"/>	<input type="checkbox"/>
Managed fund annual tax statement and capital gains tax statement	<input type="checkbox"/>	<input type="checkbox"/>
Partnership distribution statement, including copy of the partnership's tax return (if externally prepared)	<input type="checkbox"/>	<input type="checkbox"/>
Trust distribution statement, including copy of the trust's tax return (if externally prepared)	<input type="checkbox"/>	<input type="checkbox"/>
Buy/sell contract notes for shares/unit trust (if any sold)	<input type="checkbox"/>	<input type="checkbox"/>
Details of other asset disposals during the year (ie) asset description, sale price and date, purchase/holding costs and dates)	<input type="checkbox"/>	<input type="checkbox"/>
Foreign source income (including foreign pensions) and foreign assets or property	<input type="checkbox"/>	<input type="checkbox"/>
Payment Summary for First Home Saver Scheme (FHSS) release of funds	<input type="checkbox"/>	<input type="checkbox"/>
Other income (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

DEDUCTIONS

Yes (Information provided)	No / Not applicable
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Work related deductions

Work related kilometres travelled up to a maximum of 5,000kms (if not using log book method)	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle logbook and summary of motor vehicle expenses (if using logbook method) eg. Registration, insurance, repairs & maintenance, fuel, loan interest	<input type="checkbox"/>	<input type="checkbox"/>
Work related travel expenses (ie) airfares, accommodation, hire cars, meals and incidentals, parking and tolls: - Domestic or overseas travel allowance received – Claiming over legislated reasonable allowance rate – full receipts required	<input type="checkbox"/>	<input type="checkbox"/>

- Overseas travel allowance received and more than six nights in a row - travel diary/records required and receipts for accommodation		
- No travel allowance received – full receipts required		
Protective clothing, uniforms, safety gear, occupation specific clothing, laundry, dry cleaning, alterations/repairs	<input type="checkbox"/>	<input type="checkbox"/>
Self-education expenses (include related travel costs)	<input type="checkbox"/>	<input type="checkbox"/>
Home office expenses (hours used for work purposes or include % work related)	<input type="checkbox"/>	<input type="checkbox"/>
Computer and software (include % work related)	<input type="checkbox"/>	<input type="checkbox"/>
Telephone/mobile phone (include % work related)	<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"/>
Details (include date purchased) of work related assets bought during the year eg. Computer, tools >\$300	<input type="checkbox"/>	<input type="checkbox"/>
Sun protection products e.g. sunscreen and sunglasses	<input type="checkbox"/>	<input type="checkbox"/>
Any other work related deductions (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

Other types of deductions

	Yes (Information provided)	No / Not applicable
Expenditure incurred in earning investment income eg. interest on investment loans	<input type="checkbox"/>	<input type="checkbox"/>
Receipts for donations of \$2 and over to registered charities	<input type="checkbox"/>	<input type="checkbox"/>
Costs of managing tax affairs eg. tax agent fees	<input type="checkbox"/>	<input type="checkbox"/>
Income protection insurance premiums	<input type="checkbox"/>	<input type="checkbox"/>
Personal superannuation contributions	<input type="checkbox"/>	<input type="checkbox"/>

Have you provided the fund a notice of intention to deduct the contribution?

YES / NO

Has this notice been acknowledged by the fund?

YES / NO

Full name of fund:	
Last contribution date:	
Account no:	
Fund TFN:	
Fund ABN:	
Other deductions (please specify)	<input type="checkbox"/>

	Yes (Information provided)	No / Not applicable
<u>RENTAL PROPERTIES</u>		
Annual statement from property agent (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Records detailing rental income, if not engaging a property agent	<input type="checkbox"/>	<input type="checkbox"/>
Date when property purchased (provide Solicitors Settlement Statement)	<input type="checkbox"/>	<input type="checkbox"/>
Period property was rented out during the income year (No. of weeks)	<input type="checkbox"/>	<input type="checkbox"/>
Details of depreciable assets bought or disposed of during the year (ie) date, cost, description	<input type="checkbox"/>	<input type="checkbox"/>
Expenses incurred, which are not detailed on the property agent annual statement, (ie) rates, water charges, insurance premiums and land tax	<input type="checkbox"/>	<input type="checkbox"/>
If property is held by more than one individual, please provide details of owners and their legal ownership percentage	<input type="checkbox"/>	<input type="checkbox"/>
Loan statements for property or summary reflecting interest paid for the year	<input type="checkbox"/>	<input type="checkbox"/>

If property was disposed of during the income year, information relating to dates and costs associated with acquisition and disposal of the property	<input type="checkbox"/>	<input type="checkbox"/>
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TAX OFFSETS/REBATES

	Yes (Information provided)	No / Not applicable
Are you a senior Australian or pensioner?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Australian superannuation income stream?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make superannuation contributions on behalf of your spouse?		
Did you live in a remote area of Australia or serve overseas with the Australian defence force or the UN armed forces in 2019?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have net medical expenses relating to <u>disability aids, attendant care or aged care</u> over \$2,377 (\$5,609 threshold applies to higher income earners)? (If so, please provide Medicare & Health Fund summary of claims) (Note: General medical expenses no longer qualify for the rebate)	<input type="checkbox"/>	<input type="checkbox"/>
Did you maintain an invalid or carer dependant including your spouse, parent, parent-in-law, your or your spouse's child, brother or sister aged over 16 years old?	<input type="checkbox"/>	<input type="checkbox"/>
Are you entitled to claim the landcare and water facility tax offset?	<input type="checkbox"/>	<input type="checkbox"/>
Did you contribute to an early stage venture capital limited partnership or invest in an early stage innovation company?	<input type="checkbox"/>	<input type="checkbox"/>
Confirm whether entitled or currently receiving Family Tax Benefits A or B through the Family Assistance Office for dependent children	<input type="checkbox"/>	<input type="checkbox"/>

OTHER RELEVANT INFORMATION

Spouse details

	Yes (Information provided)	No / Not applicable
1. Did you have a spouse for the full year from 1 July 2018 to 30 June 2019?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If you had a spouse for only part of the income year, please specify the dates between 1 July 2018 to 30 June 2019 when you had a spouse:</i>	From:	To:
2. Did your spouse die during the 2019 income tax year?	<input type="checkbox"/>	<input type="checkbox"/>
3. What is your spouse's full name and date of birth? (If you had more than one spouse during 2019, provide the name of your spouse on 30 June 2019 or your last spouse)		
Name:		
DOB:		
Please provide the following for your spouse if we do not prepare their return:	Yes (Provide Amount)	No / Not applicable
Did your spouse (named above) have taxable income for the 2019 income year?	\$	<input type="checkbox"/>
Did your spouse have a share of trust income on which the trustee is assessed under S.98 of the ITAA36 not included in your spouse's taxable income for 2019?	\$	<input type="checkbox"/>
Did a trust/company distribute income to your spouse in 2019 in respect of which family trust distribution tax was paid by the trust/company?	\$	<input type="checkbox"/>

Did your spouse have reportable fringe benefits amounts for the 2019 income year? <div style="text-align: right;"> FBT Exempt Employer Non-FBT Exempt Employer </div>	<div style="text-align: right;">\$</div> <div style="text-align: right;">\$</div>	<input type="checkbox"/>
Did your spouse receive any Australian Government pensions or allowances (not including exempt pension income) in the 2019 income year?	\$	<input type="checkbox"/>
Did your spouse receive any exempt pension income in the 2019 income year?	\$	<input type="checkbox"/>
Does your spouse have any reportable super contributions for the 2019 income year? <div style="text-align: right;"> Reportable Employer Contributions Reportable Personal Contributions </div>	<div style="text-align: right;">\$</div> <div style="text-align: right;">\$</div>	<input type="checkbox"/>
Did your spouse receive any tax-free government pensions paid under the Military Rehabilitation and Compensation Act 2004?	\$	<input type="checkbox"/>
Did your spouse receive any 'target foreign income' in the 2019 income year?	\$	<input type="checkbox"/>
Did your spouse have a total net investment loss /rental property loss) for 2019? <div style="text-align: right;"> Financial investment loss Rental property loss </div>	<div style="text-align: right;">\$</div> <div style="text-align: right;">\$</div>	<input type="checkbox"/>
Did your spouse pay child support during 2019?	\$	<input type="checkbox"/>
If your spouse is aged between their preservation age and 59 years old, did they receive a superannuation lump sum (other than a death benefit) during the 2019 income year that included a taxed element that does not exceed their low rate cap?	\$	<input type="checkbox"/>
Did your spouse receive assessable First Home Saver Scheme (FHSS) released amounts during 2019?	\$	<input type="checkbox"/>

<u>Income tests information</u>	Yes – (Provide Amount)	No / Not applicable
Did you receive any tax-free government pensions in 2019?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any target foreign income in 2019?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay child support in 2019? If yes , what was the total paid? \$.....	<input type="checkbox"/>	<input type="checkbox"/>
Did you have dependent children in 2019? If yes , how many? (including shared care dependants)	<input type="checkbox"/>	<input type="checkbox"/>

<u>Other</u>	Yes (Information provided)	No / Not applicable
Are you entitled to the Medicare levy exemption or reduction in 2019?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have private health insurance in 2019? <i>(If yes, please provide the annual Statement from your health fund)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Were you under the age of 18 on 30 June 2019?	<input type="checkbox"/>	<input type="checkbox"/>
Did you become an Australian tax resident at any time during the 2019 income year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cease to be an Australian tax resident at any time during the 2019 Income year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make a non-deductible (non-concessional) personal super contribution?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a HECS/HELP liability, Student Financial Supplement Loan debt, Student Start-up Loan debt or Trade Support Loan debt?	<input type="checkbox"/>	<input type="checkbox"/>
Were you on a 417 or 462 working holiday visa at any time from 1 July 2018 to 30 June 2019?	<input type="checkbox"/>	<input type="checkbox"/>

Any other relevant information:

Dated the _____ day of _____ 20____

Signature of taxpayer

Name (print)