**Individual Tax Return Checklist**

**2019 Individual Tax Return Checklist**

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| **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.***

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| **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 |  |  |
| Lump sum payment summaries: termination payments, super lump sums |  |  |
| Gross bank interest earned (incl. term deposits) |  |  |
| Dividend statements or summary (including reinvestments) |  |  |
| Employee share schemes documentation |  |  |
| Managed fund annual tax statement and capital gains tax statement |  |  |
| Partnership distribution statement, including copy of the partnership’s tax return (if externally prepared) |  |  |
| Trust distribution statement, including copy of the trust’s tax return (if externally prepared) |  |  |
| Buy/sell contract notes for shares/unit trust (if any sold) |  |  |
| Details of other asset disposals during the year (ie) asset description, sale price and date, purchase/holding costs and dates) |  |  |
| Foreign source income (including foreign pensions) and foreign assets or property |  |  |
| Payment Summary for First Home Saver Scheme (FHSS) release of funds |  |  |
| Other income (please specify) |  |  |

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| **DEDUCTIONS** | **Yes (Information provided)** | **No / Not applicable** |
| **Work related deductions** |  |  |
| Work related kilometres travelled up to a maximum of 5,000kms (if not using log book method) |  |  |
| Vehicle logbook and summary of motor vehicle expenses (if using logbook method)  eg. Registration, insurance, repairs & maintenance, fuel, loan interest |  |  |
| 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 * 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 |  |  |
| Self-education expenses (include related travel costs) |  |  |
| Home office expenses (hours used for work purposes or include % work related) |  |  |
| Computer and software (include % work related) |  |  |
| Telephone/mobile phone (include % work related) |  |  |
| Tools and equipment |  |  |
| Subscriptions and union fees |  |  |
| Journals/periodicals |  |  |
| Details (include date purchased) of work related assets bought during the year eg. Computer, tools >$300 |  |  |
| Sun protection products e.g. sunscreen and sunglasses |  |  |
| Any other work related deductions (please specify) |  |  |

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| **Other types of deductions** | **Yes (Information**  **provided)** | **No / Not**  **applicable** |
| Expenditure incurred in earning investment income eg. interest on investment loans |  |  |
| Receipts for donations of $2 and over to registered charities |  |  |
| Costs of managing tax affairs eg. tax agent fees |  |  |
| Income protection insurance premiums |  |  |
| Personal superannuation contributions |  |  |
| *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) …. |  |  |
| **RENTAL PROPERTIES** | **Yes (Information**  **provided)** | **No / Not**  **applicable** |
| Annual statement from property agent (if applicable) |  |  |
| Records detailing rental income, if not engaging a property agent |  |  |
| Date when property purchased (provide Solicitors Settlement Statement) |  |  |
| Period property was rented out during the income year (No. of weeks) |  |  |
| Details of depreciable assets bought or disposed of during the year (ie) date, cost, description |  |  |
| Expenses incurred, which are not detailed on the property agent annual statement, (ie) rates, water charges, insurance premiums and land tax |  |  |
| If property is held by more than one individual, please provide details of owners and their legal ownership percentage |  |  |
| Loan statements for property or summary reflecting interest paid for the year |  |  |
| If property was disposed of during the income year, information relating to dates and costs associated with acquisition and disposal of the property |  |  |

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| **TAX OFFSETS/REBATES** | **Yes (Information provided)** | **No / Not applicable** |
| Are you a senior Australian or pensioner? |  |  |
| Did you receive an Australian superannuation income stream? |  |  |
| 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? |  |  |
| Did you have net medical expenses relating to disability aids, attendant care or aged care 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)** |  |  |
| 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? |  |  |
| Are you entitled to claim the landcare and water facility tax offset? |  |  |
| Did you contribute to an early stage venture capital limited partnership or invest in an early stage innovation company? |  |  |
| Confirm whether entitled or currently receiving Family Tax Benefits A or B through the Family Assistance Office for dependent children |  |  |

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| **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? |  |  |
| ***·****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:* | ***From:*** | ***To:*** |
|  |  |  |
| 2. Did your spouse die during the 2019 income tax year? |  |  |
| 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? | **$** |  |
| Did your spouse have a share of trust income on which the trustee is assessed under S.98 of the ITAA36 not included in your spouse’s taxable income for 2019? | **$** |  |
| 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? | **$** |  |
| Did your spouse have reportable fringe benefits amounts for the 2019 income year? FBT Exempt Employer  Non-FBT Exempt Employer | **$**  **$** |  |
| Did your spouse receive any Australian Government pensions or allowances (not including exempt pension income) in the 2019 income year? | **$** |  |
| Did your spouse receive any exempt pension income in the 2019 income year? | **$** |  |
| Does your spouse have any reportable super contributions for the 2019 income year? Reportable Employer Contributions  Reportable Personal Contributions | **$**  **$** |  |
| Did your spouse receive any tax-free government pensions paid under the Military Rehabilitation and Compensation Act 2004? | **$** |  |
| Did your spouse receive any ‘target foreign income’ in the 2019 income year? | **$** |  |
| Did your spouse have a total net investment loss /rental property loss) for 2019? Financial investment loss  Rental property loss | **$**  **$** |  |
| Did your spouse pay child support during 2019? | **$** |  |
| 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? | **$** |  |
| Did your spouse receive assessable First Home Saver Scheme (FHSS) released amounts during 2019? | **$** |  |

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| **Income tests information** | **Yes – (Provide Amount)** | **No / Not applicable** |
| Did you receive any tax-free government pensions in 2019? |  |  |
| Did you receive any target foreign income in 2019? |  |  |
| Did you pay child support in 2019?  If **yes**, what was the total paid? $**…………………** |  |  |
| Did you have dependent children in 2019?  If **yes**, how many? (including shared care dependants) **…………………** |  |  |

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

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| Any other relevant information: |
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**Dated the ­­­\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_**

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***Signature of taxpayer***

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***Name (print)***