

2015 TAX RETURN CHECKLIST Individual Tax Payers

NAME	DOB
ADDRESS	
PHONE	MOBILE
EMAIL	OCCUPATION
BANK ACCOUNT NAME, BSB AND ACCOUNT NUMBER FOR EFT REFUND <i>(N.B THIS IS NOW COMPULSORY)</i>	
NAME AND DATE OF BIRTH OF ANY DEPENDENTS	
AMOUNT OF CHILD SUPPORT PAID BY YOU	
DETAILS OF ANY TAX FREE GOVERNMENT PENSIONS	
DID YOU MAKE AFTER-TAX SUPER CONTRIBUTIONS THAT WOULD QUALIFY FOR CO-CONTRIBUTION?	
SPOUSE DETAILS (Including Name, DOB, Date Married/De-facto/Separated if This year)	

INCOME	YES	NO
Wages, Pensions and Government Benefits	<input type="checkbox"/>	<input type="checkbox"/>
PAYG Payment Summary		
Allowance, Directors Fees, Tips etc	<input type="checkbox"/>	<input type="checkbox"/>
Supporting documentation; note that receipt of an allowance does not automatically entitle an employee to a deduction for expenditure to which the allowance relates (e.g. travel allowance).		
Employer Termination Payments	<input type="checkbox"/>	<input type="checkbox"/>
ETP Payment Summary		
Superannuation Income (if under 60 years of age)	<input type="checkbox"/>	<input type="checkbox"/>
PAYG Payment Summary (with details of taxable and rebate able components)		
Lump Sum Payment Summary		
Interest	<input type="checkbox"/>	<input type="checkbox"/>
Bank and Term Deposit Statements showing Interest Earned and Withholding Tax		

YES NO

Dividends

☐ ☐

Dividend Advice Slips (taxable on date of payment)

Employee Share Schemes

☐ ☐

Employer Documentation and Guides

Partnerships, Trusts and Managed Funds

☐ ☐

Managed Fund Annual Tax Statement and Capital Gains Tax Statement

Partnership Distribution Statement, including copy of partnership tax return

Trust Distribution Statement, including copy of trust's tax return

Capital Gains

☐ ☐

For any sale of assets (including shares, rental properties, collectables etc) provide;

- Original purchase price and date of purchase
- Selling price and date of sale
- Costs of acquisition (legal fees, stamp duty, inspections etc)
- Costs of sale (legal fees, advertising etc)
- Solicitors settlement statement for purchase and sale of property

Foreign Income

☐ ☐

Details including country, amount, exchange rate utilized and foreign tax withheld

Details of any attributable income in relation to any controlled foreign company/investment fund/life policy etc

Rent

☐ ☐

Agents Annual Rental Statement (or details of annual income earned)

Loan Statements

Expenses relating to the property

Details of depreciable assets bought or disposed of during the year including cost/proceeds and date

If new, solicitors settlement statement, loan documentation, quantity surveyor report and date listed for rent

Bonuses form life companies and friendly societies

☐ ☐

Other Income Including royalties, jury service fees, proceeds from sale of a depreciable asset etc

☐ ☐

YES NO

DEDUCTIONS

Work Related Car Expenses

☐ ☐

If claim is less than 5000 kms

- Total No. Kms Traveled
- Engine Capacity of Car <1.6 L 1.6 L – 2.6 L >2.6 L

If claim is more than 5000 kms

- Business use % (must have a valid log book – valid for five years)
- Expenses incl. Registration, Insurance, RACQ, Fuel or estimated total kms
- Dealer Invoice and Finance contract

Work Related Travel

☐ ☐

Tolls

Details of meals/accommodation costs if staying away from home overnight unless in receipt of “reasonable travel allowance” and amount can be shown to be fully expended

Work related uniform, footwear and other clothing expenses

☐ ☐

Compulsory uniforms – non conventional clothing that you are compelled to wear

Protective Clothing

Occupation Specific Clothing

Laundry in relation to above (up to \$150 without receipts)

Work related self education expenses (formal courses)

☐ ☐

Student union fees, books, stationery, travel, depreciation, use of home office (hours), course fees (excluding HECS courses)

Other work related expenses

☐ ☐

Seminars and courses not at an educational institution but related to your work

Union Fees, Briefcase, Calculators, Stationery

Home office expenses (estimate of hours spent at home working)

Computer, Equipment and Office Furniture (include date and cost , work related %)

Mobile / Home Phone (include work related %)

Tools and equipment

Subscriptions, union fees or professional body fees

Sun protection if working outdoors (hats, sunglasses, sunscreen)

Other work deductions (please specify)

YES NO

Interest and Dividend Deductions

☐ ☐

Loan Statements

Gifts and Donations

☐ ☐

Provide details for donations to deductible gift recipients where you did not receive any tangible benefit from making the donation

Cost of Managing Tax Affairs

☐ ☐

Last year's fees

Travel from tax agent to home

Personal Superannuation Contributions (if self employed)

☐ ☐

Details including name of fund, amount, and policy and s290-170 Notice

Income Protection Insurance

☐ ☐

TAX OFFSETS

Dependent Spouse (if no dependent child or student), child-housekeeper or housekeeper

☐ ☐

(includes married/de facto, dependents are children < 21 or < age 25 if full time student)

Full Name, Date of Birth, Taxable Income, Reportable Fringe Benefits, Reportable Superannuation Contributions, Tax Free Government Pensions, Net Investment Losses of Spouse, Super contributions on behalf of spouse

Private Health Insurance

☐ ☐

Annual Private Health Insurance Statement

Do you live in a remote zone or did you serve overseas with Defence Force this year?

☐ ☐

Family Out of Pocket Medical Expenses of at least \$2218* (AND you received at least \$1 of this offset in your 2014 Tax Return OR expenses relate to disability aids/aged care)

☐ ☐

Medicare and Private Health Annual Benefits Statement Additional costs not covered by Medicare/PHI (excluding natural health and cosmetic surgery unless specifically referred by a medical practitioner)

Did you maintain a parent, parent in-law or invalid relative?

☐ ☐

OTHER

YES NO

HECS/HELP

☐ ☐

Amount of Debt at 30/06/2015

Medicare Exemption/Reduction

☐ ☐

Details including exemption certificate

Part Year Tax Free Threshold

☐ ☐

Did you stop full time education or did you become a tax resident or stop being a tax resident of Australia during the year? If so provide relevant dates

☐ ☐

TAXPAYERS DECLARATION

I declare that the information I have provided in this questionnaire (including any attachments) is true and correct to the best of my knowledge. I declare I have the necessary receipts and/or other records (or can obtain the necessary written evidence within a reasonable amount of time) to support my claims.

Taxpayers Signature

Date