

Individual Tax Return Checklist - Comprehensive **etax local**

This symbol  means receipts or supporting records are required for that item.

Tax File Number:

Title:	First Name(s):	Surname:
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Have you changed your name since your last tax return?

Phone Numbers:	M:	H:
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Date of birth: / /

Year of tax return:	
Did you live in Australia for the whole tax year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, advise date of arrival: / /	
Are you an Australian citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you an Australian Resident for tax purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bank Details: BSB:	Account No:
Name of account holder:	
Home Address:	Unit/Level Number:
	Street Address:
	Suburb:
	City:
	State:
Postal Address: As above <input type="checkbox"/>	Unit/Level Number:
	Street Address:
	Suburb:
	City:
	State:
Postcode:	
Would you like to pay by 'Fee From Refund'?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Copy of last year's tax return:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse Details Not Applicable <input type="checkbox"/>	First name(s)
	Surname
	Date of birth
	Taxable income (If known)
	Dependent children Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of dependent children	
Private Health Insurance Yes <input type="checkbox"/> No <input type="checkbox"/>	Fund Name:
Member Number:	
Proof of Identity (New clients)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you accrued bank interest	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of bank interest earned:	
Do you have debts with government departments?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of debts:	
Do you have medical expenses to claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Details of medical expenses:		
Wages and Income		
Occupation:		
PAYG Summaries:	How many?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Work related expenses:		
1.	6.	
2.	7.	
3.	8.	
4.	Gifts/Donations:	
5.	Last year's tax agent fees:	
Copies of dividend statements or employee share scheme statements		Yes <input type="checkbox"/> No <input type="checkbox"/>
Income protection premiums		Yes <input type="checkbox"/> No <input type="checkbox"/>
Rental Properties (Not Applicable <input type="checkbox"/>)		
Property 1	Unit/Level Number:	
	Street Address:	
	Suburb:	
	City:	
	State:	
	Postcode:	
Name(s) of additional owner(s):		Ownership percentage:
Rental Property 1 Expenses:		
Date property 1 st earned rental income or was available for rent: / /		
Rental Income:		\$
Body Corporate Fees:		\$
Cleaning:		\$
Capital Allowance (depreciation on plant):		\$
Interest on loans:		\$
Legal Fees:		\$
Property Agent Fees/Commission:		\$
Stationery, Telephone, Postage:		\$
Sundry rental costs:		\$
Other rental income:		\$
Advertising for tenants:		\$
Borrowing expenses:		\$
Council rates:		\$
Gardening/lawn mowing:		\$
Insurance:		\$
Land tax:		\$
Pest control:		\$
Repairs and Maintenance:		\$
Capital Works deductions (Building write off):		\$
Travel expenses:		\$
Water Charges:		\$
Obtain Quantity Surveyors depreciation report if available:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirm tenant is at arm's length to the owner:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Property 2	Unit/Level Number:	
	Street Address:	
	Suburb:	

	City:	
	State:	
	Postcode:	
Name(s) of additional owner(s):	Ownership percentage:	
Rental Property 2 Expenses:		
Date property 1 st earned rental income or was available for rent: / /		
Rental Income:		\$
Body Corporate Fees:		\$
Cleaning:		\$
Capital Allowance (depreciation on plant):		\$
Interest on loans:		\$
Legal Fees:		\$
Property Agent Fees/Commission:		\$
Stationery, Telephone, Postage:		\$
Sundry rental costs:		\$
Other rental income:		\$
Advertising for tenants:		\$
Borrowing expenses:		\$
Council rates:		\$
Gardening/lawn mowing:		\$
Insurance:		\$
Land tax:		\$
Pest control:		\$
Repairs and Maintenance:		\$
Capital Works deductions (Building write off):		\$
Travel expenses:		\$
Water Charges:		\$
Obtain Quantity Surveyors depreciation report if available:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Confirm tenant is at arm's length to the owner:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business and Investments (Not Applicable <input type="checkbox"/>)		
Australian Business Number (ABN):		
Business address	Unit/Level Number:	
	Street Address:	
	Suburb:	
	City:	
	State:	
	Postcode:	
Type of business:		
Date the business started: / /		
Profit and Loss statement:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Balance Sheet:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Super contributions:		\$
If distributions received from a Partnership or Trust, a copy of that tax return:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Managed Funds Statement:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Foreign Income:		\$
If GST registered, a copy of each quarter's or annual GST reconciliation:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Prior year losses to be brought forward:		\$
Asset depreciation schedule:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Stock Valuation method:		

Can you provide a copy of your software or access to software file:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Capital Gains Tax (Not Applicable <input type="checkbox"/>)	
For property – Copy of purchase and sale contracts:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Shares – provide share statements showing purchases and sales:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other – provide details of expenses or receipts related to the capital gain or loss:	Yes <input type="checkbox"/> No <input type="checkbox"/>
a.) Do you have a capital loss brought forward?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.) If so, what is the capital loss?	\$
Other Information	
Are you a sole parent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Centrelink Statements:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dependants – Names and birth dates:	
1.	3.
2.	4.
Medical receipts	Yes <input type="checkbox"/> No <input type="checkbox"/>
Statements for any other Income:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Super contributions on behalf of spouse:	\$
Zone rebate:	\$
Imputation credit information from dividends:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional Information or questions: