



INCOME TAX RETURN PREPARATION CHECKLIST

CLIENT DETAILS

Name:		Date of Birth:	
TFN:		Email:	
Telephone:		Mobile:	
No. of Dependents:		Specific Occupation:	
Address:			

BANK DETAILS

Bank:		Account Name:	
BSB:		Account #:	
Comments:			

INCOME DETAILS

Income	Yes	No	Please Provide
1. Salary & Wages			PAYG payment summaries
2. Employer Allowances			
3. Lump Sum / Termination Payments			ETP PAYG payment summaries
4. Government Allowance i.e. Newstart, Youth Allowance, Parenting Payment			Statement of benefits
5. Government Pension i.e. Age Pension, Parenting Payment			Statement of benefits
6. Annuity or Superannuation Lump Sum Payment or Income Stream			Statement of benefits
7. Interest from bank accounts			Bank statements
Bank: <input style="width: 150px;" type="text"/>			\$ <input style="width: 100px;" type="text"/>
Account No. <input style="width: 150px;" type="text"/>			% Ownership <input style="width: 100px;" type="text"/>
Bank: <input style="width: 150px;" type="text"/>			\$ <input style="width: 100px;" type="text"/>
Account No. <input style="width: 150px;" type="text"/>			% Ownership <input style="width: 100px;" type="text"/>
8. Dividends			Dividend Statements
Unfranked			Company:
Franked			
Imputation Credit			
\$ <input style="width: 100px;" type="text"/>			
\$ <input style="width: 100px;" type="text"/>			
\$ <input style="width: 100px;" type="text"/>			
\$ <input style="width: 100px;" type="text"/>			
\$ <input style="width: 100px;" type="text"/>			
\$ <input style="width: 100px;" type="text"/>			
9. Employee Share Scheme			Statement from employer
10. Income from trust, partnership or managed fund			Distribution statements or partnership/trust tax returns
11. Sale of Assets			Completed checklist C
12. Rental Property Income			Completed checklist B
13. Income from Business			Completed checklist D
14. Any other sources of income not listed? i.e. Forestry income, friendly societies or insurance policy payout			Necessary documentation



INCOME TESTS INFORMATION

	Yes	No	Please Provide
15. Exempt government pension			Details & documentation
16. Foreign income			Details & documentation
17. Child support			\$
18. Reportable Employer Superannuation Contributions			\$
19. Reportable Fringe benefits			\$

SPOUSE INFORMATION

Spouse Details (must be completed) But DO NOT COMPLETE if H&A prepares spouse return	Yes	No	Fill in ALL fields even if \$Nil
20. Did you have a spouse for the full year?			Name:
			TFN:
			Date of Birth:
21. What was your spouse's taxable income?			\$
22. Did your spouse have reportable fringe benefits?			\$
23. Does your spouse have reportable superannuation contributions?			\$
24. Did your spouse receive government pension income (exclude exempt pensions)			\$
25. Did your spouse receive any exempt government pension?			\$
26. Did your spouse receive any foreign income?			\$
27. Did your spouse have a total net investment loss?			\$
28. Did your spouse a total net rental loss?			\$
29. Did your spouse pay child support?			\$
30. Did your spouse receive a superannuation lump sum?			\$

MEDICARE LEVY

	Yes	No	Fill in ALL fields even if \$Nil
31. Were you entitled to a medicare levy exemption or reduction?			Details & documentation
32. Do you have a HELP or HECS debt?			\$
33. Did you or your family have private health cover at any time during the year?			If YES , private health insurance statement MUST be provided.



DEDUCTIONS

	Yes	No	Please provide
34. Work related car expenses			Completed checklist E
35. Work related travel expenses			Details & documentation. Examples:
			Accommodation:
			Meals:
			Taxis/Tolls/Parking:
			Vehicle Hire:
36. Work related uniform, logo clothing, occupation specific clothing, protective clothing, laundry expenses			Details & documentation
37. Sun protection expenses i.e. Sunglasses, sunscreen, hats (only applicable if required to work primarily outdoors)			Details & documentation
38. Work related self education expenses			Details & documentation
			Course fees:
			Stationery:
			Computer/Internet:
			Travel? (provide details)
39. Other work related expenses			Details & documentation
			Union fees:
			Work related phone usage:
			Registrations/subscriptions:
			Seminars/Conferences:
			Tools:
			Home Office:
			Overtime meals:
40. Expenses in earning interest or dividend income e.g. Interest on investment loan or account keeping.			Details & documentation
41. Tax deductible donations			Receipts:
42. Fees for preparation of tax return i.e. Accountant fee, travelling, postage, etc.			Receipts:
43. Ongoing payments to a forestry managed investment scheme (FMIS)			Insurance invoice, management fees
44. Income protection insurance premiums			Name of company:
			Account Number:
			Receipt of amount paid
45. Other expenses you think are deductible i.e. deductible amount UPP			Details and documentation
46. Personal contributions to a superannuation fund Important: We cannot lodge your return without an acknowledgement from your fund.			Amount:
			Fund Name:
			Fund ABN:
			Account No.:
47. Has your fund acknowledged intention to claim?			Account No.:



TAX OFFSETS (REBATES)

	Yes	No	Please Provide
48. Did you maintain a dependent who is unable to work due to invalidity or carer obligations?			
49. Did you make contributions to a superannuation fund on behalf of your spouse?			Amount:
50. Did you work or live in an area classified as a special zone for zone rebate purposes?			Details, including days lived in zone for that year.
51. Net medical expenses for disability aids, attendant care or aged care			Receipts, health fund reimbursements, invoices
52. Were you under 18 years of age at 30 June 2018?			
53. Were you an Australian resident for only part of the year?			