



CHECKLIST - INDIVIDUAL TAX RETURN 2014

Name:
Tax File Number:
ABN: (If Applicable)
Postal Address:
Residential Address:
Telephone/Email:
Occupation:

All tax refunds must be directly banked into your bank account, please provide bank account details.

BSB & Acc Number:
Account Name:

INCOME

Attachment's

- 1. Salary or Wages YES / NO
2. Allowances, earnings, tips, director's fees, etc. YES / NO
3. Employer Lump Sum & Termination Payments YES / NO
4. Australian Government Pensions, Allowances or Payments YES / NO
5. Australian Annuities & Super Income Streams/Lump Sum Payments YES / NO
6. Interest/Dividend/Distribution Income YES / NO
7. Employee Share Schemes YES / NO
8. Net Income/Loss from business YES / NO
9. Capital Gains YES / NO
10. Foreign Source Income YES / NO
11. Rental Properties YES / NO
12. Any other income YES / NO

DEDUCTIONS

- 13. Motor Vehicle Expenses YES / NO
Log Book Method
- Percentage business use per log book calculation
- Details of all vehicle expenses incurred during the year.
- Details of vehicles purchased or sold during the year.
Kilometre Method - maximum claim allowed 5,000kms
Kilometres travelled:
Car Engine Size (litres):

14. **Work Related Travel Expenses** YES / NO
Employment Domestic Travel
 If in receipt of a travel allowance, please provide details of nights & locations away. If no allowance, please provide copies of invoices for all expenses.
Overseas Travel
 Ensure travel records are kept for 6 nights or more.
15. **Work Uniform** YES / NO
 Provide details of expenditure on work uniform & protective clothing, including dry cleaning and laundry fees.
16. **Self Education Expenses** YES / NO
 Provide details of all expenses incurred relating to courses taken and how they relate to your current employment.
17. **Other work related deductions**
 Provide details and documentation for any of the following expenses incurred:
 Diary / stationery / subscriptions / journals / seminars YES / NO
 Home Office/ Computer / software / internet /Telephone YES / NO
 Union fees / memberships / other fees YES / NO
 Tools & Equipment / materials / depreciation YES / NO
 Any other costs directly related to your employment YES / NO
18. **Other Expenses**
 Provide details and documentation for any of the following expenses incurred:
 Gifts or Donations YES / NO
 Interest & Dividend Deductions YES / NO
 Tax Agent Fees YES / NO
 Income Protection Insurance YES / NO
 Any other expenses not listed above YES / NO
19. **Personal Superannuation Contributions** YES / NO
 If you made personal super contributions that you intend to claim as a tax deduction, you need to advise your super fund and provide a copy of the notice and details

TAX OFFSETS/REBATES

20. **Dependent Spouse born on or before 30 June 1952?** YES / NO
 21. **Did you live in a remote area or serve overseas with the Defence/Armed forces?** YES / NO
 Provide details
22. **Medical Expenses** YES / NO
 If you have paid more than \$2,120 in out of pocket medical expenses, provide details of the expenses incurred. Ensure to note any expenses relating to disability aids, attendant care or aged care.

OTHER INFORMATION

23. **Are you entitled to the Medicare Levy exemption or reduction in 2013?** YES / NO
 Provide details
24. **Private Health Insurance**
 For the entire year, were you and all your dependants covered by the appropriate private health insurance hospital cover? If yes, please provide your health insurance annual statements YES / NO
 25. **Did you become or cease to be an Australian Resident during the year?** YES / NO
 Provide details
26. **Spouse Details**
 Did you have a dependant spouse for the full financial year? YES / NO
 If not for the full year specify dates
 Spouse's Name & Date of birth:.....
 Number of Dependant Children:.....
 Please provide a copy of your spouse's 2014 tax return or contact us to discuss what spouse income/losses information is required
27. **HECS/HELP debt** YES / NO
 If you had a HECS/HELP debt provide statement.
28. **Child Support** YES / NO
 Have you paid or received Child Support during the year? If so, provide details
29. **Other Information** YES / NO
 Please provide details of any other information you would like to make us aware of.

Signature of Taxpayer:..... Date:

Thank you for providing this information as it allows us to complete your Income Tax Return more efficiently.