

## 2018 Income Tax Return Checklist

To assist us in preparing your tax return, please use this checklist when compiling your information. Completing the checklist can take some time however your efforts will enable us to maximise your deductions and process your return efficiently.

<b>Full Name:</b>		
<b>Address:</b>		
<b>Date of birth:</b>		
<b>Tax file number:</b>		
<b>Contact no:</b>		
<b>Email:</b>		
<b>Bank details for your refund to be deposited into:</b>	BSB	Account No.
<b>Occupation during financial year:</b>		

### Income

- Number of PAYG Payment Summaries attached:
- Number of Employment Termination Payments attached:
- Did you receive any Interest income during the year?  Yes  No Amount
- Did you receive any Dividend income during the year?  Yes  No
- Did you dispose of any investments during the year?  Yes  No
- Did you receive a Distribution from a Partnership or Trust?  Yes  No
- Did you receive any Rental income?  Yes  No
- Did you receive any Government payments?  Yes  No
- Did you receive any Foreign Income?  Yes  No
- Were you a Working Holiday Maker? (Visa 417 or Visa 462)  Yes  No
- Were you an Australian Resident for the full financial year?  Yes  No

### Deductions

- Did you use your vehicle for work travel during the year?  Yes  No

<b>Vehicle make/model</b>	<input type="text"/>	<b>Engine size</b>	<input type="text"/>
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Total work kilometres travelled for the year:

*Cents per kilometre method (Max 5,000kms). You can claim vehicle and other travel expenses directly connected with your work but you **can't** claim for normal trips between home and work, which are considered private travel. Where travel has exceeded 5,000kms please include details of all motor vehicle expenses incurred and your business usage percentage (determined via the use of a log book over a continuous period of 12 weeks).*

13. Did you incur any work related uniform\*, clothing, laundry, tools & equipment?

Details	Cost	Receipts
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Note: This is a uniform, either compulsory or non-compulsory that is unique & distinctive to the organisation for whom you work.

14. Did you have any self-education expenses relating to your job?  Yes  No

15. Did you incur any other work-related expenses?

Date	Description	Cost
	Professional developments courses	
	Professional memberships & subscriptions	
	Professional journals/trade magazines	
	Stationery and home office expenses	
	Depreciable assets bought during year (I.e. Laptop)	
	Income protection insurance premiums	
	Mobile phone expenses	

16. Did you make any donations of \$2 or more?

Recipient	Amount

17. What was your tax preparation fee last year?

18. Do you have an outstanding HELP/SFSS debt?  Yes  No

19. Did you have a spouse during the year?  Yes  No

Your spouse's full name:

Your spouse's date of birth:

Number of days you were together during the year:

Taxable income of spouse (de-facto or married):

20. Did you pay any child support?  Yes  No

Amount paid:

21. Do you have dependent children? If so, how many?

22. For the whole of the financial year did **you and all of your dependents** have private patient hospital cover?  Yes  No

If you had private health during the year, please attach your annual statement.