

Individual Tax Return – Check List

Contact Details

Surname		
Given Names		
Postal Address		
Home Address		
Occupation		
Work Phone		
Mobile Phone		
Home Phone		
Fax		
Email		
Bank Account Details	BSB:	Acct No:
(NOTE: If you are expecting a refund, the ATO no longer issue refund cheques. Payment will be by EFT.)	Account Name:	

Your Family

Spouse Surname	
Spouse Given Names	

Did You Have a Spouse for the Full Year?	Yes / No			
If no, period you had a spouse	From ____/____/____ To ____/____/____			
Spouse Date of Birth	____/____/____			
Spouse Income (but we prefer a copy of the return)		Dependent Children's Details (if applicable)		
Taxable Income	\$	Name	Date of Birth	Taxable Income
Govt Pensions (Item 6 on return)	\$			
Exempt Pension Income	\$			
Reportable Fringe Benefits	\$			
Reportable Super Contributions	\$			
Net Investment Loss	\$			
Child Support (paid by spouse)	\$			

Income

1. Do you receive Payment Summaries?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
<p>If no, go to question 2.</p> <p>If yes, we need copies of all payment summaries for wages, lump sum payments (both employer & superannuation), Australian Government pensions & allowances, annuities and superannuation income streams.</p>				
1. Do you receive Interest Income?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
<p>If no, go to question 3.</p> <p>If yes, record details below showing total interest received on each account and provide statements.</p>				
<i>Name of Institution</i>	<i>Account No</i>	<i><u>Total</u> Interest</i>	<i>Tax Withheld</i>	<i>No of Holders</i>
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

3. Did you receive or reinvest any Dividends from Shares owned?

Yes ☐ No ☐

If no, go to question 4.

If yes, read on and fill in the details below with **total dividends** received and send **all** dividend statements.

NB 1 Dividends reinvested must be declared as income, even though you didn't receive any money.

NB 2 Dividends are assessable in the year of payment. Look for the date of payment on the dividend statements.

Company	Unfranked	Franked	Imp Credit	Tax Withheld	No of Holders
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	

4. Did you receive Distributions from Managed Funds or Trusts?

Yes ☐ No ☐

Managed funds are investments in unit trusts such as BT, Colonial, MLC.

If no, go to question 5.

If yes, we need annual Tax Statements from each fund.

5. Did you Sell any Assets?

Yes ☐ No ☐

If you sold assets such as shares, units in trusts or property which were acquired after 20 September 1985, you may have to pay capital gains tax (CGT). Your main residence is exempt from CGT providing it was never used to produce income.

If no, go to question 6.

If yes, we need documents which show dates and amounts for purchase, sale and incidental costs. We also need bank statements showing Interest Paid on any loans related to the Asset. For managed funds, we need the Tax Statement from the fund manager or documents showing cost and sale amounts for all units sold.

6. Did you receive Rental Income?

Yes ☐ No ☐

If no, go to question 7.

If yes, we need a summary of income and expenses for each rented property **or** the agent's annual or monthly statements and a summary of expenses paid by you direct.

Also, we need the following:

1. Bank statements showing the amount of interest paid on any loan used to buy each property.
2. Page one of the contract, your solicitor's letter including settlement sheets and a quantity surveyor's report for depreciation of the property and asset items.

7. Did you receive any Other Income not referred to above?

Yes ☐ No ☐

If no, go to question 1 under Deductions.

If yes, attach relevant documents. Other income can include:

1. **Foreign income or pensions**
2. Distributions from **partnerships** and/or **trusts**
3. Income from your own **business**. You will also need to provide us with either your cashbook or computer file or a summary of income and expenses, including GST calculations if the business is GST-registered.
4. Bonuses from **life insurance companies** or **friendly societies**
5. Income from **forestry managed investment schemes**
6. Amounts for **lost salary or wages** paid under an income protection or sickness and accident policy or workers compensation scheme
7. Discounts on shares or rights acquired under an **employee share scheme**. We will need your **employee share scheme statement** which should have been given to you by your employer.

Deductions

Please Note: If your total work-related expenses exceed \$300 (excluding car expenses and claims against certain allowances) you must have receipts to prove the total amount, not just the amount over \$300.

1. Did you use your Car for work and keep a Log Book?

Yes ☐ No ☐

If no, go to question 2.

If yes, you are entitled to claim the cost of using your car for work based on a log book kept for a continuous period of 12 weeks within the last five years.

Insert details of your car and expenses incurred here and go to question 3.

Make:

Model:

Liters (cc):

Date Purchased

Business Use This Year

%

Cost

\$

Year Log Book Kept

Petrol & Oil

\$

Interest Paid

\$

Registration

\$

Send loan/ lease agreement if this is the first year of your claim or you are a new client

Comp Insurance

\$

Services

\$

Green Slip

\$

Tyres & Batteries

\$

Pink Slip

\$

\$

Repairs

\$

\$

Lease Payments

\$

\$

2. Did you use your Car for work and NOT keep a log book?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, go to question 4. If yes, insert the details here and go to question 3.	Make:		Model:	
	Engine Capacity:	Litre	Cost of Car:	\$
	Business Kms:		Expenses This Year	\$
<p>Note You must exclude trips between home and your normal place of work (some exceptions do apply to this rule – contact our office for more details)</p> <p>You are entitled to claim the cost of using your car for work based on a <u>reasonable estimate</u> of the kilometres travelled. The maximum kms is 5,000 per car. As an alternative, you can claim either 12% of the cost of your car or one third of expenses paid if your annualised kilometres exceed 5,000.</p>				
3. Tell Us How You Used Your Car for Work Here:				
<div style="height: 150px; border: 1px solid black;"></div>				
4. Did you incur Work-related Travel Expenses?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, go to question 5 If yes, record details here. <p><small>Note: If your payment summary includes a travel allowance and it is “reasonable” (i.e. it is within ATO guidelines), you may be able to claim an amount per day for accommodation, meals and incidentals without receipts. Contact us for more information.</small></p>	Taxis	\$	Accommodation	\$
	Buses	\$	Meals	\$
	Trains	\$		\$
	Parking	\$		\$
	Car Hire	\$		\$
	Airfares	\$		\$
5. Did you incur Work-related Clothing Expenses?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, go to question 6 If yes, record details here. <p><small>Please note that you cannot generally claim a deduction for <u>conventional clothing</u>.</small></p>	Compulsory Uniform	\$	Dry Clean Uniforms	\$
	Non-Compulsory Uniform	\$	Home Laundry	washes/wk
	Occupation Specific	\$	<small>Home laundry of uniforms or protective clothing only. Not conventional nor everyday clothing</small>	
	Protective Clothing	\$	Sun Hats	\$
	Work Boots	\$		\$
6. Did you incur Self Education Expenses?			Yes <input type="checkbox"/> No <input type="checkbox"/>	

<p>If no, go to question 8. If yes, you can claim a deduction if the content of the course was relevant to the work you were doing as an employee at the time you were studying.</p> <p>Deductions cannot be claimed simply because you received Youth Allowance, Austudy or Abstudy. Nor can you claim self-education expenses that will help you to get a new job.</p> <p>If you satisfy these conditions, complete these details and go to question 7.</p>	Course Description			
	Name of School, College or University			
	Date Commenced			
	Date Finished			
	Fees (not HELP)	\$	Home Office Hours	Hrs/Week
	Text Books	\$	Home Office Weeks	Weeks
	Stationery	\$	Kilometres Travelled*	
	Photocopying	\$	Description of Car	
	Student Union	\$	Engine Capacity	Litre
	<p>Note: You can claim the kilometres travelled directly between home or work and your place of education and return. If you travelled from home to your place of education and on to work or from work to your place of education and home, only claim the first leg of each trip.</p>			

7. Tell Us How Your Course is Work-Related Here:

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8. Did you incur any other Work-Related expenses?

Yes ☐ No ☐

<p>If no, go to question 9 If yes, enter total expenses (before private use if any) on the right. Also indicate below the proportion of work use of those items also used for private purposes. Also, enter below that, equipment costing more than \$300 per item.</p>	Computer Software (total)	\$	Safety Equipment	\$
	Computer Supplies (total)	\$	Stationery	\$
	Conferences/Seminars	\$	Subscriptions	\$
	Home Office	hours/week	Sun Screen/Glasses	\$
	Internet Access (total)	\$	Telephone - home	calls/wk
	Meal allowance rec'd	\$ /meal	Telephone – mobile (tot)	\$
	Meal allowance spent	\$ /meal	Tools (<\$300/item)	\$

Work & Private Use Items		Office Equip (<\$300/item)	\$	Union Fees	\$
<i>Item</i>	<i>Work %</i>	Postage	\$		\$
Computer	%	Professional Fees	\$		\$
Internet Access	%	Reference Books/Journals	\$		\$
Mobile Phone	%	Repairs	\$		\$
Work-Related Equipment Purchased Costing More than \$300					\$
<i>Description</i>	<i>Cost</i>	<i>Date of Purchase</i>	<i>Bus Use</i>		\$
	\$	____/____/____	%		\$
	\$	____/____/____	%		\$
	\$	____/____/____	%		\$
9. Did you pay Interest on Investment Loans (excluding rental properties)?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, go to question 10 If yes, complete these details.		Lender's Name and Description of Investment		Interest Paid	
				\$	
				\$	
				\$	
10. Did you donate to Charities or School Building Funds?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, go to question 11 If yes, complete these details or attach a list. The receipts will confirm that the donation is deductible.				\$	
				\$	
				\$	
11. Do you have any Other Deductions not referred to above?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, go to Q1 at Tax Offsets. If yes, complete these details. Note: To claim a deduction for personal super contributions , you must notify the fund and receive a written acknowledgement of your intention to claim the deduction.		Income Protection Insurance		\$	
		Tax Return Fee Last Year		\$	
		Personal (deductible) Superannuation Contributions		\$	
				\$	
				\$	
				\$	

Tax Offsets

1. Do you have Private Health Insurance?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p>If no, go to question 3.</p> <p>If yes, we need your private health insurance statement, and go to question 2.</p>			
2. If you have Private Health Insurance, were all of your Dependents (including your Spouse if applicable) covered for the whole of the year?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
<p>Medicare levy surcharge may be payable if you or your dependents (incl your spouse) do not have an appropriate level of private patient hospital cover for the whole year. An appropriate policy has an excess of \$500 or less (1 person) or \$1,000 or less (all others).</p>			
3. Did you make Superannuation Contributions for your Spouse?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p>If no, go to question 4.</p> <p>If yes, insert details here.</p>		Amount Contributed \$	
4. Did you live in a Remote Area of Australia or Serve Overseas?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p>If no, go to question 5.</p> <p>If yes, insert details here</p>	Location	Period From	Period To
5. Did you have Medical Expenses that relate to disability aids, attendant care or aged care?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p>If no, go to question 1 at Other.</p> <p>If yes, show total out-of-pocket expenses here.</p>		<p><u>Out-of-Pocket Medical Expenses</u></p> <p>\$</p>	

Other

1. Do you have a HELP or SFSS Debt?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>If no, go to question 2.</p> <p>If yes, insert amount(s) owing here.</p>	<p>HELP bal at 30 June \$</p> <p>SFSS bal at 30 June \$</p>
2. Have you paid Pay As You Go Income Tax Instalments this year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>If no, go to question 3.</p> <p>If yes, show the total paid here.</p>	<p><u>Total Paid</u> \$</p>
3. Other amounts required for Income Test purposes	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tax free government pensions received by you	\$
Child support payments made by you	\$
4. Are you a New Client to our Practice?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>If no, go to question 5.</p> <p>If yes, please send us a copy of your return for the previous financial year.</p>	
5. Please write here any other information about your return	

Please sign and date below.

Signature

____/____/____

Date

Declaration

I confirm that the above information is true and correct to the best of my knowledge and that where necessary I hold documentary evidence in support of my claims.

Signature of Trustee _____

Date Declared ____/____/____

How to send this form to HK Dilan:

Please select one of the following methods to send this form together with all supporting documentation to us for processing:

1. **Mail:** Po Box 1170, Cloverdale WA 6985
2. **Fax:** 08 9479 6319
3. **Scan and Email:** harsha.k@hkdilan.com.au