

Tax Return Checklist

2017 Individual Tax Return

INSTRUCTIONS

- Please complete your details below (for the period 1 July 2016 to 30 June 2017, unless stated otherwise).
- You may wish to refer to our ["2017 Year End Is it Tax Deductible Checklist for Individuals"](#).
- Provide all supporting documents where required.
- Sign where indicated and return to our office.

GENERAL TAX INFORMATION

Information for 2017 Tax Return

Full Name:	
Has your name changed since last tax return? If YES, previous name	YES / NO
Date of birth (DOB)	
Are you an Australian Resident?	YES / NO
Tax File Number (TFN)	
Australian Business Number (ABN, if applicable)	
Address (Residential)	
Address (Postal)	
Phone numbers	Work: Home: Mobile:
Email	
Electronic banking details (for refund if applicable)	Account name: BSB: Account number:
Main occupation	
Spouse	Name: DOB: TFN:
Children – Name and DOB	Child 1: Child 2: Child 3: Child 4:

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INCOME INFORMATION

Your Income	YES/NO	Supporting Document/s
1. Salary or wages Employer 1: _____ Employer 2: _____ Employer 3: _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Allowances, earnings, tips, director's fees etc		<input type="checkbox"/>
3. Employer lump sum payments		<input type="checkbox"/>
4. Employment termination payments		<input type="checkbox"/>
5. Australian Government allowances and payments		<input type="checkbox"/>
6. Australian Government pensions and allowances		<input type="checkbox"/>
7. Australian annuities and superannuation income streams		<input type="checkbox"/>
8. Australian superannuation lump sum payments		<input type="checkbox"/>
9. Attributed personal services income		<input type="checkbox"/>
10. Gross interest		<input type="checkbox"/>
11. Dividends		<input type="checkbox"/>
12. Employee share schemes		<input type="checkbox"/>
13. Distributions from partnerships and/or trusts		<input type="checkbox"/>
14. Personal services income (PSI)		<input type="checkbox"/>
15. Net income or loss from business (as a sole trader)		<input type="checkbox"/>
16. Deferred non-commercial business losses		<input type="checkbox"/>
17. Net farm management deposits or repayments		<input type="checkbox"/>
18. Capital gains		<input type="checkbox"/>
19. Foreign entities: <ul style="list-style-type: none"> • Direct or indirect interests in controlled foreign company • Transfer of property or services to a non-resident trust 		<input type="checkbox"/> <input type="checkbox"/>
20. Foreign source income and foreign assets or property		<input type="checkbox"/>
21. Rent		<input type="checkbox"/>
22. Bonuses from life insurance companies or friendly societies		<input type="checkbox"/>
23. Forestry managed investment scheme income		<input type="checkbox"/>
24. Other income (please specify below) _____ _____ _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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DEDUCTIONS INFORMATION

Your Deductions	YES/NO	Supporting Document/s
D1. Work related car expenses <ul style="list-style-type: none"> • Cents per kilometre method (up to maximum of 5,000 kms) • Log book method 		<input type="checkbox"/> <input type="checkbox"/>
D2. Work related travel expenses <ul style="list-style-type: none"> • Employee domestic travel with reasonable allowance <ul style="list-style-type: none"> – If the claim is more than the reasonable allowance rate, do you have receipts for your expenses? • Overseas travel with reasonable allowance <ul style="list-style-type: none"> – Do you have receipts for accommodation expenses? – If travel is for 6 or more consecutive nights, do you have travel records? (eg travel diary) • Employee without a reasonable travel allowance <ul style="list-style-type: none"> – Did you incur and have receipts for airfares? – Did you incur and have receipts for accommodation? – Do you have receipts for hire cars (if applicable)? – Did you incur and have receipts for meals and incidentals? – Do you have any other travel expenses? • Other claims such as a borrowed car (please specify) <hr/> <hr/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D3. Work related uniform and other clothing expenses <ul style="list-style-type: none"> • Protective clothing • Occupation specific clothing • Non-compulsory uniform • Conventional clothing • Laundry expenses (up to \$150 without receipts) • Dry cleaning expenses • Other claims such as mending/repairs, etc (please specify) <hr/> <hr/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D4. Work related self-education expenses <ul style="list-style-type: none"> • Union fees • Course fees • Books, stationery • Depreciation • Travel • Other (please specify) <hr/> <hr/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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DEDUCTIONS INFORMATION (continued)

Your Deductions	YES/NO	Supporting Document/s
D5. Other work-related expenses <ul style="list-style-type: none"> • Home office expenses • Computer and software • Telephone/mobile phone • Tools and equipment • Subscription and union fees • Journals/periodicals • Depreciation • Sun protection products (ie sunscreen and sunglasses) • Seminars and course not at an education institution • Other (please specify) <hr/> <hr/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D6. Low value pool deduction		<input type="checkbox"/>
D7. Interest deductions		<input type="checkbox"/>
D8. Dividend deductions		<input type="checkbox"/>
D9. Gifts or donations		<input type="checkbox"/>
D10. Cost of managing tax affairs		<input type="checkbox"/>
D11. Deductible amount of undeducted purchase price of a foreign pension or annuity		<input type="checkbox"/>
D12. Personal superannuation contributions Full name of super fund: _____ Account number: _____ Fund ABN: _____ Fund TFN: _____ <ul style="list-style-type: none"> • Do you pass the 10% test? • Have you provided the fund a notice of intention to deduct the contribution? • Has this notice been acknowledged by the fund? 		<input type="checkbox"/>
D13. Deduction for project pool		<input type="checkbox"/>
D14. Forestry managed investment scheme deduction		<input type="checkbox"/>
D15. Other deductions (please specify) _____ _____ _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
L1. Tax losses of earlier income years		<input type="checkbox"/>

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TAX OFFSETS AND REBATE INFORMATION

Your Tax Offsets/Rebate	YES/NO	Supporting Document/s
T1. Are you a senior Australian or a pensioner?		<input type="checkbox"/>
T2. Did you receive an Australian superannuation income stream?		<input type="checkbox"/>
T3. Did you make superannuation contributions on behalf of your spouse?		<input type="checkbox"/>
T4. Did you live in a remote area of Australia or serve overseas with the Australian Defence force or the UN Armed forces in 2017?		<input type="checkbox"/>
T5. Did you have net medical expenses in 2017? If so, do these medical expenses include expenses relating to disability aids, attendant care or aged care expenses?		<input type="checkbox"/> <input type="checkbox"/>
T6. Did you maintain a dependant who is unable to work due to invalidity or carer obligations?		<input type="checkbox"/>
T7. Are you entitled to claim the landcare and water facility tax offset?		<input type="checkbox"/>
T8. Other non-refundable tax offsets (please specify) _____ _____ _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
T9. Other non-refundable tax offsets (please specify) _____ _____ _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

OTHER INFORMATION

Other Information	YES/NO	Supporting Document/s
A. Are you entitled to the Medicare levy exemption or reduction in 2016? (If yes, please specify) _____ _____		<input type="checkbox"/> <input type="checkbox"/>
B. Did you have private health insurance in 2017? (If yes, please provide annual tax statement from your health fund)		<input type="checkbox"/>
C. Were you under the age of 18 on 30 June 2017?		<input type="checkbox"/>
D. Did you become an Australian tax resident at any time during the 2017 income year?		<input type="checkbox"/>

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OTHER INFORMATION (continued)

Other Information	YES/NO	Supporting Document/s
E. Did you cease to be an Australian tax resident at any time during the 2017 income year?		<input type="checkbox"/>
F. Did you make a non-deductible (non-concessional) personal super contribution?		<input type="checkbox"/>
G. Do you have a HECS/HELP liability or student financial supplement loan debt?		<input type="checkbox"/>
I. Did a trust or company distribute income to you in respect of which Family Trust Distribution Tax (FTDT) was paid by the trust or company?		<input type="checkbox"/>
J. Do you have a loan with a private company or have such a loan amount forgiven? (If yes, please specify) _____		<input type="checkbox"/> <input type="checkbox"/>
K. Did you receive any benefit from an employee share acquisition scheme?		<input type="checkbox"/>
L. Family Tax Benefit (FTB): • Did you have care of a dependent child in 2017? • Did you or your spouse receive FTB through DHS in 2017?		<input type="checkbox"/> <input type="checkbox"/>
M. Income tests information: • Do you have any total reportable fringe benefits amounts in 2017? • Do you have any reportable employer superannuation contributions in 2017? • Did you receive any tax-free government pensions in 2017? • Did you receive any target foreign income in 2017? • Did you have a net financial investment loss in 2017? • Did you have a net rental property loss in 2017? • Did you pay child support in 2017? • Number of dependent children? _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N. Spouse details (if applicable): • Did you have a spouse for the full year from 1 July 2016 to 30 June 2017? If you had a spouse for only part of the income year, please specify the dates between 1 July 2016 to 30 June 2017 when you had a spouse: From ____ / ____ / ____ to ____ / ____ / ____ • What was your spouse's taxable income for the 2017 income year? \$ _____		<input type="checkbox"/>

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OTHER INFORMATION (continued)

Other Information	YES/NO	Supporting Document/s
<p>N. Spouse details (continued):</p> <ul style="list-style-type: none">• Does your spouse have a share of trust income on which the trustee is assessed under Section 98 that has not been included in your spouse’s taxable income?• Did a trust or company distribute income to your spouse in respect of which family trust distribution tax was paid by the trust or company for the 2017 income year?• Did your spouse have any reportable fringe benefits amounts for the 2017 income year?• Did your spouse receive any Australian Government pensions or allowances (not including exempt pension income) in the 2017 income year?• Did your spouse receive any exempt pension income in the 2017 income year?• Does your spouse have any reportable super contributions for the 2017 income year?• Did your spouse receive any tax-free government pensions paid under the Military Rehabilitation and Compensation Act 2004?• Did your spouse receive any ‘target foreign income’ in the 2017 income year?• Did your spouse have a total net investment loss (i.e., the total of any financial investment loss and a rental property loss) for the 2017 income year?• Did your spouse pay child support during the 2017 income year?• If your spouse is 55 to 59 years old, did they receive a superannuation lump sum (other than a death benefit) during the 2017 income year that included a taxed element that does not exceed their low rate cap?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

CLIENT SIGNATURE

Name:

Date: