

Tax Return Checklist

2018 Individual Tax Return

INSTRUCTIONS

- Please complete your details below (for the period 1 July 2017 to 30 June 2018, unless stated otherwise).
- You may wish to refer to our "2018 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 2018 Tax Return

Full Name:

Has your name changed since last tax return?

YES / NO

If YES, previous name

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:		
<input type="checkbox"/> Direct or indirect interests in controlled foreign company		<input type="checkbox"/>
<input type="checkbox"/> Transfer of property or services to a non-resident trust		<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
<p>D1. Work related car expenses</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cents per kilometre method (up to maximum of 5,000 kms) <input type="checkbox"/> Log book method 		<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/>
<p>D2. Work related travel expenses</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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? <input type="checkbox"/> 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) <input type="checkbox"/> 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? <input type="checkbox"/> Other claims such as a borrowed car (please specify) 		<ul style="list-style-type: none"> <input type="checkbox"/>
<p>D3. Work related uniform and other clothing expenses</p> <ul style="list-style-type: none"> <input type="checkbox"/> Protective clothing <input type="checkbox"/> Occupation specific clothing <input type="checkbox"/> Non-compulsory uniform <input type="checkbox"/> Conventional clothing <input type="checkbox"/> Laundry expenses (up to \$150 without receipts) <input type="checkbox"/> Dry cleaning expenses <input type="checkbox"/> Other claims such as mending/repairs, etc (please specify) <hr/> <hr/>		<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>D4. Work related self-education expenses</p> <ul style="list-style-type: none"> <input type="checkbox"/> Union fees <input type="checkbox"/> Course fees <input type="checkbox"/> Books, stationery <input type="checkbox"/> Depreciation <input type="checkbox"/> Travel <input type="checkbox"/> Other (please specify) <hr/> <hr/>		<ul style="list-style-type: none"> <input type="checkbox"/> <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
<p>D5. Other work-related expenses</p> <ul style="list-style-type: none"> <input type="checkbox"/> Home office expenses <input type="checkbox"/> Computer and software <input type="checkbox"/> Telephone/mobile phone <input type="checkbox"/> Tools and equipment <input type="checkbox"/> Subscription and union fees <input type="checkbox"/> Journals/periodicals <input type="checkbox"/> Depreciation <input type="checkbox"/> Sun protection products (ie sunscreen and sunglasses) <input type="checkbox"/> Seminars and course not at an education institution <input type="checkbox"/> Other (please specify) <p>_____</p> <p>_____</p>		<ul style="list-style-type: none"> <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"/>
<p>D12. Personal superannuation contributions</p> <p>Full name of super fund: _____</p> <p>Account number: _____</p> <p>Fund ABN: _____</p> <p>Fund TFN: _____</p>		<input type="checkbox"/>
<input type="checkbox"/> Do you pass the 10% test?		
<input type="checkbox"/> Have you provided the fund a notice of intention to deduct the contribution?		
<input type="checkbox"/> Has this notice been acknowledged by the fund?		
D13. Deduction for project pool		<input type="checkbox"/>
D14. Forestry managed investment scheme deduction		<input type="checkbox"/>
<p>D15. Other deductions (please specify)</p> <p>_____</p> <p>_____</p> <p>_____</p>		<ul style="list-style-type: none"> <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 2018?		<input type="checkbox"/>
T5. Did you have net medical expenses in 2018? 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 2017? (If yes, please specify) _____ _____		<input type="checkbox"/> <input type="checkbox"/>
B. Did you have private health insurance in 2018? (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 2018?		<input type="checkbox"/>
D. Did you become an Australian tax resident at any time during the 2018 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 2018 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"/>
K. Did you receive any benefit from an employee share acquisition scheme?		<input type="checkbox"/>
L. Family Tax Benefit (FTB): <input type="checkbox"/> Did you have care of a dependent child in 2018? <input type="checkbox"/> Did you or your spouse receive FTB through DHS in 2018?		<input type="checkbox"/> <input type="checkbox"/>
M. Income tests information: <input type="checkbox"/> Do you have any total reportable fringe benefits amounts in 2018? <input type="checkbox"/> Do you have any reportable employer superannuation contributions in 2018? <input type="checkbox"/> Did you receive any tax-free government pensions in 2018? <input type="checkbox"/> Did you receive any target foreign income in 2018? <input type="checkbox"/> Did you have a net financial investment loss in 2018? <input type="checkbox"/> Did you have a net rental property loss in 2018? <input type="checkbox"/> Did you pay child support in 2018? <input type="checkbox"/> 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): <input type="checkbox"/> Did you have a spouse for the full year from 1 July 2017 to 30 June 2018? If you had a spouse for only part of the income year, please specify the dates between 1 July 2017 to 30 June 2018 when you had a spouse: From ____ / ____ / ____ to ____ / ____ / ____ <input type="checkbox"/> What was your spouse's taxable income for the 2018 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"> <input type="checkbox"/> 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? <input type="checkbox"/> 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 2018 income year? <input type="checkbox"/> Did your spouse have any reportable fringe benefits amounts for the 2018 income year? <input type="checkbox"/> Did your spouse receive any Australian Government pensions or allowances (not including exempt pension income) in the 2018 income year? <input type="checkbox"/> Did your spouse receive any exempt pension income in the 2018 income year? <input type="checkbox"/> Does your spouse have any reportable super contributions for the 2018 income year? <input type="checkbox"/> Did your spouse receive any tax-free government pensions paid under the Military Rehabilitation and Compensation Act 2004? <input type="checkbox"/> Did your spouse receive any 'target foreign income' in the 2018 income year? <input type="checkbox"/> 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 2018 income year? <input type="checkbox"/> Did your spouse pay child support during the 2018 income year? <input type="checkbox"/> If your spouse is 55 to 59 years old, did they receive a superannuation lump sum (other than a death benefit) during the 2018 income year that included a taxed element that does not exceed their low rate cap? 		<ul style="list-style-type: none"> <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"/>

CLIENT SIGNATURE

Name:

Date: