

## 2022 INDIVIDUAL INCOME TAX RETURN CHECKLIST

## **OFFICIAL USE ONLY**

Reconciled to the prefill [	]
Info received by: Meeting [	] Email [ ] Post [ ]
Contact information update	ed in Practice
Management System [ ]	

Full name				
Address (residential)				
Address (postal)				
	Mobile:			
Telephone	Business I	Hours (work):		
	After Hou	rs (home):		
Email (which is suitable to receive your confidential financial information)				
Electronic	BSB:			
Banking Details (for refund if applicable)	Account Number:			
	Account Name:			
Main Occupation				
How do you wish to receive and sign your return? (please circle)	Paper	Electronic Signature Software	Electronic (PDF attached to email)	

If your personal circumstances have changed, e.g. new partner, married, separated, birth of child etc. please let us know and we will contact you for more information.

PLEASE RETURN COMPLETED FORM TO OUR OFFICE.

PLEASE INDICATE INFORMATION PROVIDED OR NOT APPLICABLE FOR EACH OF THE ITEMS LISTED. ATTACH SUPPORTING DOCUMENTATION

INCOM	IE	Y/N	Information Provided
1	Salary or Wage (Income Statement)		
2	Allowances, Benefits, Earnings, Tips, Director's fees, etc.		
3	Employer Lump Sum Payments		
4	Eligible Termination Payments (ETP's)  Obtain and attach any ETP payment summaries and employer termination statements		
5	Australian Government Allowances and Payments  Youth Allowance, Newstart, Sickness, Special Benefit, Educational, Training Allowances		
6	Australian Government Pensions and other Allowances		
7	Other Australian Pensions or Annuities – including superannuation pensions		
8	Australian Superannuation Lump Sum Payments		
10	Gross Interest From bank accounts or other sources		
11A	<b>Dividends</b> Includes dividend reinvestment (DRP) or any other information (e.g.: buybacks, consolidations, return of capital		
11B	Share Purchases Did you purchase any shares throughout the year (e.g.: purchase documents, sales contracts)		
12	Employee Share Schemes		
13	Partnerships and Trusts  Provide tax statements for any managed funds or copy of partnership's or trust's return		
14	Net Income or Loss from Business  Provide a summary of income and expenses that relate to the business		
15	Net farm management deposits or repayment  Provide a summary of net farm management deposits or repayments, deductible deposits, early repayments – natural disaster and drought, other repayments		

16	Capital gains  If you have sold an asset (e.g.: shares, managed fund, property); please provide the purchase date, purchase cost, sale date and sale price	
17	Foreign entities  Did you have either a direct or indirect interest in a controlled foreign company (CFC)? If so, please provide CFC income.  Have you ever, either directly or indirectly, caused the transfer of property (incl. money) or services to a non-resident trust estate?  Transferor trust income	
18	Foreign Source Income (including foreign pensions) and foreign assets/property	
19	Rental properties Property address:  For new properties only: Date Purchased: / / Amount: \$	

DEDUCT	IONS	Y/N	Information Provided
D1/D2	Work-related car expenses  There are two methods available:  If you have travelled greater than 5,000 business kilometres, OR have a vehicle designed to carry 1 Tonne or more, please provide a valid logbook for calculation of business use percentage, and a record of  • Please indicate if your vehicle is designed to carry 1 Tonne or more:  Y / N (please circle)  If you have travelled less than 5,000 business kilometres, and your vehicle is not designed to carry 1 Tonne or more, please provide your business kilometres travelled.		
D2	Cents per kilometre rate \$0.72 per/km  Work-related travel expenses  If yes, please provide any details, receipts and/or travel diary for any employee domestic or overseas travel, also including any out of pocket travel expenses such as tolls, parking, taxi/uber fares.		

	Work-related uniform, occupation specific or protective clothing, laundry, and dry-cleaning expenses  • Protective clothing and safety footwear; or	
D3	<ul> <li>Compulsory uniforms – non-conventional clothing that the employee is compelled to wear; or</li> <li>Occupational-specific – clothing that identifies a person as a member of a specific profession, trade, vocation.</li> </ul>	
	Work-related self-education expenses	
D4	Including student union fees, books, stationery, consumables, travel, and depreciation.	
	Other work-related expenses	
	Examples include:	
	<ul> <li>Union Fees, License Fees &amp; Registrations</li> <li>Home Office (hours per week you work from home)</li> <li>Subscriptions, Memberships &amp; Journals</li> <li>Mobile, telephone &amp; internet</li> <li>Overtime meals &amp; other allowance W/Off</li> <li>Seminars and training</li> <li>Tools</li> <li>Stationery</li> <li>Sun protection (i.e. Sunscreen &amp; sunglasses)</li> </ul>	
D5	NOTE: Assets costing less than \$300 can be written off while those exceeding	
כט	\$300 must be depreciated	
	Home office:  • Home office (hours per week you work from home) • Mobile, Telephone & Internet • Stationery • Purchase of office furniture • Purchase of a computer, printer etc.  For more information, please see: ATO website - working from home during COVID-19	
	Interest & Dividend Deductions	
D7/D8	Expenses incurred in earning interest, dividend, or other investment income.	
D9	Gifts or donations of \$2 and over to deductible gift recipients	
D10	Cost of managing tax affairs/Tax agent's fees and other accounting and tax audit fees  If your return was prepared by us last year, we will have the cost on our system.	
	Personal super contributions  Please provide:	
	Full name of fund:	
	Acc No:	
D12	Fund ABN:	
DIZ	Fullu ABN.	
	To claim a deduction for personal super contributions you must provide us with a Notice of Intent to Claim a Deduction form from your super fund.	
	Without this form we cannot lodge your tax return. It can be obtained via the ATO website or contact Kidmans Partners for more information.	
	NOTE: If it is from a SMSF managed by us we will take care of this for you.	
D15	Other deductions	
סדמ	Income protection insurance premiums.	

тах с	PERSETS	Y/N	Information Provided
Т3	Superannuation contributions on behalf of your spouse  Did you make contributions to a complying superannuation fund on behalf of your spouse?		
Т4	Zone Offset  Did you live in a remote area of Australia or serve overseas with the Australia Defence force of the UN armed forces for the year?		
Т5	Invalid and invalid career  Did you maintain a dependent who is unable to work due to invalid or career obligations?		

OTHER RELEVANT INFORMATION	Y/N	Information Provided
Did you have Private Health Insurance for the year? If yes, please provide a copy of the statement.		
If we do not prepare your spouse's tax return:  Name:  D.O.B:  What is their Taxable Income for the year? :		
Please provide details of all dependent children (if applicable)  Name:  Date of Birth: / /  Name:  Date of Birth: / /		
Name:		

OTHER CLIENT NOTES	