

2025 INDIVIDUAL INCOME TAX RETURN CHECKLIST

OFFICIAL USE ONLY

Contact information updated in Practice Management System []

Full name						
Address (residential)						
Address (postal)						
	Mobile:					
Telephone	Business 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		
9	Gross Interest From bank accounts or other sources		
10	Dividends Includes dividend reinvestment (DRP) or any other information (e.g.: buybacks, consolidations, return of capital		
11	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 kilometers, 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 actual expenses. • 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 kilometers, and your vehicle is not designed to carry 1 Tonne or more, please provide your business kilometers travelled.		
D2	Cents per kilometer rate \$0.88 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	 Compulsory uniforms – non-conventional clothing that 		
	the employee is compelled to wear; or		
	 Occupational-specific – clothing that identifies a person as a member of a specific profession, trade, vocation. 		
D4	Work-related self-education expenses		
	Including student union fees, books, stationery, consumables, travel, and depreciation.		
	Other work-related expenses		
	Examples include:		
	Union Fees, License Fees & Registrations		
	Home Office (Refer below) Subscriptions Memberships & Journals		
	 Subscriptions, Memberships & Journals Mobile, telephone & internet 		
	 Overtime meals & other allowance W/Off 		
	Seminars and training		
	ToolsStationery		
	Sun protection (i.e. Sunscreen & sunglasses)		
D5	NOTE: Assets costing less than \$300 can be written off while those exceeding		
<i>D</i> 3	\$300 must be depreciated		
	Home office:		
	Working from home (refer note below)		
	Mobile, Telephone & Internet		
	StationeryPurchase of office furniture		
	Purchase of a computer, printer etc.		
	Note: If you intend to claim a deduction via the fixed rate method, we require		
	detailed records such as our example log sheet. Click here to access: Working		
	From Home Log Sheet		
	Interest & Dividend Deductions		
D6/D7			
	Expenses incurred in earning interest, dividend, or other investment income.		
D8	Gifts or donations of \$2 and over to deductible gift recipients		
D9	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:		
D10	Fund ABN:		
	To claim a deduction for personal super contributions you must provide us with		
	an acknowledgement that you receive from your super fund for the Notice of		
	Intent to Claim a Deduction that you have submitted to the fund. Without this		
	acknowledgement, we cannot lodge your tax return. Contact Kidmans Partners		
	for more information.		
	NOTE: If it is from a SMSF managed by us we will take care of this for you.		
D11	Other deductions		
D11	For example: Income protection insurance premiums		

TAX C	PFFSETS	Y/N	Information Provided
T1	Superannuation contributions on behalf of your spouse Did you make contributions to a complying superannuation fund on behalf of your spouse?		
T2	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?		
Т3	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		