KIDMANS PARTNERS

2026 INDIVIDUAL INCOME TAX RETURN CHECKLIST

OFFICIAL USE ONLY

Contact information updated in Practice Management System [ ]

Full name			
Address (residential)			
Address (postal)			
Telephone	Mobile:		
	Business Hours (work):		
	After Hours (home):		
Email (which is suitable to receive your confidential financial information)			
Electronic Banking Details (for refund if applicable)	BSB:		
	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.

INCOME		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	**Attributed Personal Services Income (PSI)** If you earned PSI through a company partnership or trust please advise the value		
10	**Gross Interest** From bank accounts or other sources		
11	**Dividends** Includes dividend reinvestment (DRP) or any other information (e.g.: buybacks, consolidations, return of capital		
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	**Personal Services Income (PSI)** If you earned PSI as an individual please advise the value		
15	**Net Income or Loss from Business** Provide a summary of income and expenses that relate to the business		

17	**Net farm management deposits or repayments** Provide a summary of net farm management deposits or repayments, deductible deposits, early repayments – natural disaster and drought, other repayments.		
18	Provide a summary of net farm management deposits or repayments, deductible deposits, early repayments – natural disaster and drought, other If you have purchased or sold an asset (e.g.: shares, managed fund, property); please provide the purchase date, purchase cost, sale date and sale price. **Crypto Asset Transactions** If you held or transacted Crypto throughout the year please let us know and we will discuss the next steps and information we would require.		
19	**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		
20	**Foreign Source Income (including foreign pensions) and foreign assets/property**		
21	**Rental properties** Property address: <u>For new properties only:</u> Date Purchased:____/___/_____ Amount: $ _____ Attach copy of the Purchase Contract and Settlement Statement. <u>All Rental Properties:</u> • Rental income (annual statement from property agent if engaging services of an agent) • Interest charged on money borrowed for the rental property • Details of other expenses relating to the rental property such as water charges, land tax and insurance premiums Details of any capital works expenditure to the rental property **Number of weeks the property was rented out during the financial year**		
24	**Other Income** Please advise of any other income received in the financial year that does not fit a category above.		

DEDUCTIONS		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 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** kilometres, and your vehicle is not designed to carry 1 Tonne or more, please provide your business kilometres travelled. Cents per kilometer rate $0.88 per/km		
D2	**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.		
D3	**Work-related uniform, occupation specific or protective clothing, laundry, and dry-cleaning expenses** • Protective clothing and safety footwear; or • 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.		
D5	**Other work-related expenses** Examples include: • Union Fees, License Fees & Registrations • Home Office (Refer below) • Subscriptions, Memberships & Journals • Mobile, telephone & internet • Overtime meals & other allowance W/Off • Seminars and training • Tools • Stationery • Sun protection (i.e. Sunscreen & sunglasses) NOTE: Assets costing less than $300 can be written off while those exceeding $300 must be depreciated **Home office:** • Working from home (refer note below) • Mobile, Telephone & Internet • Stationery • Purchase 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		

D7/D8	**Interest & Dividend Deductions** 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.		
D12	**Personal super contributions** Please provide: Full name of fund: _____ Acc No: _____ Fund ABN: _____ To claim a deduction for personal super contributions you must provide us with a copy of your notice of intent you lodged with your Superannuation Fund and the acknowledgement letter from your Superannuation 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.		
D15	**Other deductions** For example: Income protection insurance premiums.		

TAX OFFSETS		**Y/N**	**Information Provided**
T3	**Superannuation contributions on behalf of your spouse** Did you make contributions to a complying superannuation fund on behalf of your spouse?		
T4	**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?		
T5	**Invalid and invalid career** Did you maintain a dependent who is unable to work due to invalid or career obligations?		
T7	**Early stage venture capital limited partnership** Please provide documentation on fund capital contributions, eligible investments, distributions, and individual partner allocations (if available).		
T8	**Early stage investor** Please provide investment documents confirming share acquisition, Early Stage Innovation Company (ESIC) eligibility (if available), and details of the investment amount and date.		

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:_____ Date of Birth: / /		

OTHER CLIENT NOTES