

# 2021 Individual Income Tax Return Checklist



Title (Mr/Ms/Dr):

First Name:

Last Name:

Maiden Name:

Occupation:

Middle Name:

Second Last Name:

Date of Birth:

Suburb, State of Birth:

Country of Birth:

TFN:

ABN:

Contact email:

Xero login email:

Mobile Phone:

(Please use format: +61 4XX XXX XXX)

### Home Address:

Unit #:

Street #:

Street Name:

Suburb:

State:

Post Code:

### Postal Address:

Unit #:

Street #:

Street Name:

Suburb:

State:

Post Code:

### Bank Details for Refunds:

Account Name:

BSB:

Account Number:

(Please **remove** spaces and hyphens)

Referred By:

Previous Accountant:

### Salary & Wage Income

Number of Payment Summaries (Including Pensions, Directors Fees, ETP & ESS Summaries, etc):

### Interest Income

Please provide details of interest income earned on all bank accounts

### Dividend Income

Please provide a copy of all dividend statements, there should usually be 2 statements per holding

### Capital Gains Tax

Did you sell any Assets? If so, please provide the following:

- If you sold **Shares**
- A copy of both the buy and sell contracts
  - A copy of all dividend statements if you had an active DRP in place

- If you sold **Property**
- A copy of the purchase settlement statement
  - A copy of the purchase legal fees
  - A copy of the stamp duty receipt
  - A copy of the sale settlement statement
  - A copy of the sale legal fee
  - A copy of the sale realstate agent fees
  - A copy of any other fees incurred in the purchase or sale of the property

### Trust and or Partnership Distributions (Managed Funds):

- Please provide a copy of the annual tax distribution statement

### Business Income

If you have Sole Trader/Business activities we will contact you to go through this in greater detail

### Motor Vehicle

Make & Model of Car:

Purchase Price & Date Purchased:

Total Business kms Travelled:

### Logbook

Fuel Cost (\$): <input type="text"/>	Repairs & Maintenance Expenses (\$): <input type="text"/>
Registration Cost (\$): <input type="text"/>	Interest on Loan (\$): <input type="text"/>
Vehicle Insurance (\$): <input type="text"/>	Other (Parking, Tolls, etc) (\$): <input type="text"/>
Business Use %: <input type="text"/>	

Please provide a copy of your completed 3 Month (12 Week) logbook

**Investment Properties**

For any newly purchased properties please provide a copy of:

- The front page of the contract showing legal ownership structure (ie who owns it and in what proportions)
- The settlement statement
- Depreciation Schedule prepared by a reputable quantity surveyor



For the below items, please provide documentary evidence of each expense

It is not necessary for you to fill out the table below, it is just a guide to ensure you are claiming everything you are entitled to

Rental Income	
Advertising for Tenants	
Body Corporate	
Borrowing Expenses ( <i>Lenders Mortgage Insurance etc</i> )	
Cleaning	
Council Rates	
Depreciation ( <i>Assets, for example a new oven or dishwasher</i> )	
Gardening	
Insurance (Landlord/Property)	
Interest on Loans	
Land Tax	
Legal Fees	
Pest Control	
Agent Fees	
Repairs and Maintenance	
Capital Works ( <i>Depreciation of the building itself</i> )	
Stationery, Telephone and Postage	
Water	
Sundry	

**Work Travel Expenses**

<i>Date From</i>	<i>Date To</i>	<i>City Travelled To</i>	<i>No. of Nights</i>	<i>Description of Activity</i>

**Protective Clothing**

Please provide receipts for any work-related protective clothing (*Hi Vis, Protective Clothing, Scrubs, Logo branded clothing, etc*)

Are you provided for free, and required to wear, any of the above clothing that you must wash yourself?

**Were you, and all your dependents (children) covered by private health insurance?**

If so, please provide a copy of the annual tax statement

**Investment Expenses**

Annual Margin Loan Interest Summary	
Financial Advice Fees	

**Self-Education**

Please provide receipts for any work-related self-education expenses

Job Description:		Job Start Date:	
Course Description:		Course Start Date:	
Books & Ref Material:		Travel Expenses:	
Course Fees:		Other Study Materials:	
Letter from your employer stating you needed to undertake this course of study?			

**Other Work-Related**

Please provide receipts for any work-related expenses

Stationery	
Union Fees	
Memberships	
Income Protection Insurance	
Donations	
Tax Agent Fees	
Telephone	(Monthly Cost & Work Use %)
Internet	(Monthly Cost & Work Use %)
Number of hours per week worked from home	



**Spouse**

Full Name:			
TFN:			
Date of Birth:			
Date Married:		Married for the Full Financial Year?	
Taxable Income:			
Child's Names:		Date of Birth:	
Child's Names:		Date of Birth:	
Child's Names:		Date of Birth:	
Child's Names:		Date of Birth:	
Child's Names:		Date of Birth:	

**Zone Area Days**

Name of Town in Zone Area	
Number of Days in Zone	

Do you still owe any HECS?

Please return this completed checklist along with any supporting documentation requested.

If possible, please name each document using today's date and your first and last name, followed by a short description of the document - i.e. YYYY.MM.DD - First Last - Document Name.pdf