

Parker Accounting & Financial Services

Incorporating The Tax Counter Pty. Ltd.

Public Accountants & Tax Agents

Level 1, 398a Main Road, Suite 1(P.O. Box 19)

Glenorchy, TAS 7010

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INDIVIDUAL TAX RETURN CHECKLIST

Please ensure that you complete ALL relevant items and provide additional information as necessary and securely attach all documents to this form.

Personal Details

Full name	<input type="text"/>				
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr
Date of Birth	<input type="text"/>	Tax File Number (TFN)	<input type="text"/>		
Address	<input type="text"/>				
Phone	Mobile	<input type="text"/>	Home	<input type="text"/>	
Email	<input type="text"/>				
Occupation	<input type="text"/>				
Spouse full name	<input type="text"/>	DOB	<input type="text"/>	Income	<input type="text"/>

Children

Name	<input type="text"/>	DOB	<input type="text"/>
Name	<input type="text"/>	DOB	<input type="text"/>
Name	<input type="text"/>	DOB	<input type="text"/>

INCOME

Tick if applicable and provide paperwork

- ☐ Salary or wages (this includes paid parental leave payments)
- ☐ Allowances, earning, tips directors fees etc
- ☐ Employer lump sum payments
- ☐ Employment termination payment
- ☐ Australian Government allowances and payments like newstart, youth allowance (or Austudy) payment
- ☐ Australian Government pensions and allowances
- ☐ Australian annuities and superannuation income statement

INDIVIDUAL TAX RETURN CHECKLIST

- ☐ Australian Superannuation lump sum payments
- ☐ Attributed personal services income
- ☐ Bank Interest
- ☐ Dividends paid (please provide paperwork if shares for all dividends paid including shares owned in Employee Share Plan)
- ☐ Distributions from partnership and/or trusts
- ☐ Rental properties
- ☐ Business income
- ☐ Foreign source income (including foreign pensions) and foreign assets or property
- ☐ Sale of assets with potential capital gains tax implications
- ☐ Other income (please specify)

WORK RELATED EXPENSES

Once your work related expenses exceed \$300, you must be able to substantiate your claims with receipts. Please list the private use percentage where applicable.

1. Car expenses

Kilometres travelled Engine size ☐ up to 1600cc ☐ 1601-2600cc ☐ over 2600cc
2. Domestic/Overseas Travel (attach details) ☐ Yes ☐ No
3. Purchase of compulsory uniforms

\$

Purchase of protective clothing

\$

Dry cleaning & Laundry

\$
4. Self-education expenses, including conferences and seminars (attach details)

\$
5. Other
 - Union/Professional membership fees

\$
 - Books/Stationery

\$
 - Home office expenses (hours/week)

\$
 - Telephone/mobile phones

\$
 - Sun protection products (outdoor workers)

\$

INDIVIDUAL TAX RETURN CHECKLIST

Tools/Equipment <\$300

\$

Tools/Equipment >\$301

\$

Description

Date purchased

Other (give details)

OTHER DEDUCTIONS

1. School Building Fund donations

\$

2. Donations to charity

\$

3. Tax agent's fee / financial advisors fee

\$

4. Travel to tax agent (previous year)

Kilometres travelled Engine size up to 1600cc 1601-2600cc over 2600cc

5. Income Protection Insurance

\$

6. Expenses in relation to allowance received
(attach details)

\$

7. Business expenses (attach details)

\$

8. Interest paid on loans for investments
(attach details)

\$

9. Asset disposals (attach details)

\$

10. Superannuation paid by self/self-employed
(please attach statement from your superfund)

\$

11. Any others expenses relating to your work
(attach details)

\$

OFFSETS/REBATES

☐ Private health insurance (attach annual tax advice statement from health fund)

☐ Did you had out of pocket medical expenses over \$2,162 (after reimbursements) for the previous financial year? (If yes, did you incur NET medical expenses over \$2,218 for this financial year?)

☐ Spouse superannuation contributions

\$

INDIVIDUAL TAX RETURN CHECKLIST

OTHER INFORMATION

SUPER CO-CONTRIBUTION – Did you make an after-tax personal contribution to super during the financial year? ☐ Yes ☐ No

CHILD SUPPORT – Did you or your spouse pay child support in the financial year? ☐ Yes ☐ No

Amount \$

Refund to credit directly to your bank account? If yes, please provide your account details.

For returning clients, same bank account as last year? ☐ Yes ☐ No

Account name

BSB Account number

I confirm that the above information is correct and that where necessary I hold documentary evidence in support of my claims

Client signature

Date

Client name (printed)