

Individual Client Tax Checklist

This checklist is generic and not all items will apply to your situation

Full Name: _____ Date: _____ / _____ / 201_____

Please tick YES or NO and provide the related Documentation, Statements or Details to our office for processing

Income	YES	NO
Did you receive a PAYG Summary(s) (Group Certificate) from your employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any earnings or fees, allowances, tips, directors fees etc not on your PAYG Summary?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Government Pensions or Allowances, Super Pensions, Annuities or similar?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive interest from your Bank Accounts, Building Society Investments or Private Loans?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive income from any Rental or Investments you own?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive dividends from the shares you own?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any foreign income?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any other income ie capital gains, sale of shares?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay or receive child support?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive distributions from Partnerships, Trusts or Managed Funds?	<input type="checkbox"/>	<input type="checkbox"/>
Did you earn any income from business or contracts?	<input type="checkbox"/>	<input type="checkbox"/>

Expenses and Deductions	YES	NO
Did you use your car for work related use? Yes, provide log book with expenses or estimation of kilometres	<input type="checkbox"/>	<input type="checkbox"/>
Did you have work related travel and accommodation expenses?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have work related expenses including uniform, protective clothing, tools, stationery, education, professional subscriptions, union fees, telephone, internet or anything else work related?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any gifts or donations to registered charities?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any investment expenses including financial advisor fees, bank fees or investment borrowings?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have expenses related to disability aids, attendant care or aged care?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any Accounting Fees last year (outside of this office)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any additional superannuation contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Have you paid premiums for Income Protection, Trauma or Sickness or Accidental Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Please download or request our Rental Property Tax Checklist if you had any rental property investments this year		

General	YES	NO
Please provide a copy of last year's Income Tax Return (if not processed by our office)	<input type="checkbox"/>	<input type="checkbox"/>
Please provide a copy of your Private Health Insurance Statement (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Please provide Spouse Details including name, DOB and Taxable Income if they are not completing their Tax Return at our office	<input type="checkbox"/>	<input type="checkbox"/>

Other Notes for Accountant: _____