

# Your checklist for your personal tax return

(year ended 30 June 20 )

Section	Question	Yes/No	Paperwork Included	
Work	Have you been paid for working during the year?	Yes/No	PAYG Payment Summary(ies)	<input type="checkbox"/> <input type="checkbox"/>
Centrelink	Have you received an Age Pension or Centrelink Benefit?	Yes/No	PAYG Payment Summary(ies)	<input type="checkbox"/> <input type="checkbox"/>
Allocated Pension/Annuity	Did you receive payments from an Allocated Pension/Annuity?	Yes/No	PAYG Payment Summary(ies) (N/A if over age 60)	<input type="checkbox"/> <input type="checkbox"/>
Managed Trusts/ Funds	Did you receive distributions from Managed Trusts? (required even if re-invested). Name of Fund/s - - - - - - - -	Yes/No	Fund Manager/s Annual Tax Statements	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Share Dividends	Did you receive Dividends from Shares? (required even if re-invested)	Yes/No	Dividend Statement/s	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Interest	Interest paid by Banks, Credit Unions, Building Societies?	Yes/No	(i) Enclose summary (if more than one account) (ii) State TOTAL received \$.....	<input type="checkbox"/>
Withdrawals from Superannuation/ Roll-over Funds	Have you made any lump sum withdrawals from Superannuation or Roll-over Funds including Q Super?	Yes/No	ETP Payments Summary(ies)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sale of assets	Have you sold or redeemed direct Shares or Unit Trusts?	Yes/No	(i) Purchase details. (ii) Sale details. (iii) Details of reinvestment (if applicable)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Rental Property	Do you own a rental property?	Yes/No	• Real estate agent annual statement • Other out of pocket costs • New asset purchase details/ dates	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Other Income	Please describe briefly	Paperwork included	Please Tick if attached



NAME:

TAX FILE NUMBER:

ADDRESS:

CONTACT: (H)

(W)

(M)

EMAIL:

DATE OF BIRTH:

*Where appropriate, please attached a copy of your last tax return***DEDUCTIONS/REBATES**

Motor vehicle	Type:	Engine capacity:	Total km's (business/work):
Professional subscriptions and memberships	Details:		
Home office use: number of hours or floor space percentage and running costs	Details:		
Tax agent fees and associated travel costs	Details:		
Union fees	Details:		

**PRIVATE HEALTH INSURANCE**

Fund name	Member number	Type of cover
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Does your Private Health Fund use the tax Rebate to reduce your Annual Premiums?

YES/NO

Please provide your Private Health Insurance statement.

**MEDICAL EXPENSES**

NET medical expenses (if more than \$1,500) (Exclude non-referred services and 'everyday' chemist items. Include all dependent family members.)	\$
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**SPOUSE SUPERANNUATION**

Have you contributed to Superannuation on behalf of your Spouse?

YES/NO

If YES, amount of contribution \$.....

Spouse's name	Spouse's income	Spouse's D.O.B.	Spouse's T.F.N.
	\$		

**OTHER DEDUCTIONS**

DESCRIPTION	AMOUNT
Interest on borrowings used to purchase investments	
Work related:	
- Conferences and parking etc	
- Airfares and accommodation	
- Overseas travel diary	
- Costs of purchase for protective clothing and/or uniforms etc.	
- Course fees, books and travel	
Gifts and donations: Must be registered as deductible gift recipient	
Income protection insurance	
Education Tax Refund	

*This list is merely a guide as to what to collate in order to complete your income tax return(s). We highly recommended that you refer to your last income tax return in conjunction with this checklist as a basis for collating your current tax information. New items and changes in your circumstances should always be brought to the attention of your accountant.*

**OTHER ISSUES**
