

2023 INDIVIDUAL TAX RETURN CHECKLIST

This tax pack is for your convenience should you wish to post or email your tax into us. Or you can use it to help you gather the information we will need to complete your return this year.

***** PLEASE USE ONE CHECKLIST PER CLIENT. PHOTOCOPY OR PRINT FROM OUR WEBSITE *****

Your Name: _____

INCOME:

1. **Your Job Description:** _____

2. **Number of Employers:** _____ Employer Name: _____

Employer Name: _____ Employer Name: _____

***** WE HAVE ACCESS TO YOUR INCOME STATEMENT FROM THE 15TH JULY 2023*****

3. **Number of Employment Termination Payments:** _____ please provide the ETP Statement.

4. **Did you withdraw Superannuation:** Yes / No Please provide the PAYG Payment Summary.

5. **Did you receive any Bank Interest:** Yes / No Including accounts held in trust for children.

Bank eg: ANZ	Account No.	Interest Received \$

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6. **Do you have Shares:** Yes / No Please provide dividend statements or list your shares.

Shares eg: Wesfarmers	Number of shares

Shares eg: Coles	Number of shares

7. **Did you participate in an Employee Share Scheme:** Yes / No Please attach a copy of your annual ESS statement issued by your employer.

8. **Did you receive a Trust or Partnership Distribution:** Yes / No (Eg: BT Funds, MLC, AMP etc.). Please provide your annual statement.

9. **Did you sell or trade any Shares, Property or Crypto Currency:** Yes / No

Shares: Please supply the purchase & sales contract or broker's financial year summary Eg: CommSec

Property: Please supply the "Final Settlement" documents of the purchase & sale. If the property was your main residence, please let us know, you do not have to supply documents.

Crypto: You **MUST** supply a "Tax Report" from 01/07/2022 to 30/06/2023. Eg: Koinly or CTC

10. **Did you receive any Foreign Income:** Yes / No Wages: \$ _____ Interest: \$ _____

Overseas Pensions: \$ _____ From which country: _____ Other: \$ _____

11. **Did you receive any Other Income:** Yes / No Please provide details of any income you received in the financial year that does not fit into any of the above categories.

Income Protection Payments: \$ _____ Contract Income: \$ _____ Directors Fees: \$ _____

Centrelink: JobSeeker/Age Pension/Single Parent/Carers Pension/Youth Allowance: \$ _____

DEDUCTIONS:

1. **Did you receive a Vehicle or Travel Allowance:** Yes / No

How much were you paid: \$_____ per km or \$_____ per day

2. **Do you use your Motor Vehicle for work:** Yes / No Travel to & from work is **NOT** claimable unless you are required to carry heavy bulky equipment (eg: extension ladders or compressors).

You are **NOT** able to claim any expenses for a vehicle that has a **Novated Lease** or is employer owned.

If yes, please complete one of the following options.

Kilometres Method: How many kilometres have you travelled for work? The maximum you may claim is 5,000 kilometres per car.

Kilometres Travelled: _____ kms Car Make & Model: _____

Logbook Method – Business % use:

What _____% was your vehicle used for work? Please provide details of all expenses:

Fuel estimation: \$_____ Registration: \$_____ Repairs & maintenance: \$_____

Interest on loan: \$_____ Insurance: \$_____ Roadside Assistance: \$_____

New Vehicles: Please supply 1) Purchase documents 2) Loan contract 3) Lease agreement

Note: Please ensure you keep a logbook for a continuous period of 12 weeks, every 5 years.

3. **Do you Travel for Work:** Yes / No (Do not claim if you were reimbursed by your employer).

Accommodation: \$_____ Meals away: \$_____ Flights: \$_____

Parking: \$_____ Car rentals: \$_____ Other: \$_____

4. **Do you wear a Work Uniform:** Yes / No

Shirts/tops: \$_____ Pants: \$_____ Protective Gear: \$_____ Boots: \$_____

Masks/Gloves/RATs: \$_____ Sun/safety glasses: \$_____ Sun hat/block: \$_____

5. **Did you incur Self Education Costs:** That are directly related to your current employment? You are **NOT** able to claim University fees if you have a HECS-HELP loan.

Yes / No Institution: _____ Course: _____

Fees: \$_____ Books: \$_____ Stationery: \$_____ Other: \$_____

6. **Were you paid an Overnight Meal Allowance:** Yes / No

Amount paid to you by your employer per night \$_____

Amount spent by you per night \$_____

Long distance truck drivers: How many nights were you away _____

7. **Were you paid an Overtime Meal Allowance:** Yes / No

Amount paid to you by your employer per overtime meal \$_____

Amount spent by you per overtime meal \$_____

8. **Do you have any Other Work Related Deductions:** Yes / No

- Mobile: \$_____ monthly plan ____% work related, Stationery: \$_____ Insurance: \$_____
- Internet: \$_____ monthly plan ____% work related, Union Fees: \$_____ Luggage: \$_____
- Home Office: ____ hrs per week working from home, Previous Accountants Fees: \$_____
- Tools: \$_____ over \$300 \$_____ date purchased __/__/____ Description _____
- Computer/Laptop Expenses: \$_____ & date purchased __/__/____ & ____% work related
- Professional Memberships: \$_____ Description _____ Audit Insurance: \$_____
- Income Protection Insurance (**NOT** deductible when it is paid from your Super Fund): \$ _____

9. **Did you make any Donations:** Yes / No

- \$_____ description _____ \$_____ description _____
- \$_____ description _____ \$_____ description _____

Voluntary School Building Fund: \$_____ (This is **NOT** deductible if you have children at the school).

(GoFundMe events, Raffle tickets & MS Lottery are NOT deductible)

REBATES & OTHER:

1. **Do you have Private Health Insurance for:**

You: Yes / No Your Spouse: Yes / No Your Children (under 18): Yes / No / N/A

2. **Spouse:**

Did you have a spouse for the full financial year? Yes / No

If no, what dates did you have a spouse? _____ / _____ / _____ to _____ / _____ / _____

Please provide your spouse's adjusted taxable income: \$ _____

3. **Have you made any additional Superannuation Contributions:**

- a. Have you made personal superannuation contributions in order to claim a tax deduction? If yes, please provide the "Notice of Intent to Claim" form. Yes / No Amount: \$ _____
- b. Have you made personal superannuation contributions in order to receive the Government Co-contribution? Yes / No Amount: \$ _____
- c. Have you made a contribution to your spouse's superannuation fund on their behalf? If yes, please provide details. Yes / No Amount: \$ _____

4. **Do you pay Child Support:** Yes / No

Please provide the amount of the total payments made by you: \$ _____

RENTAL PROPERTIES: Please provide the real estate agent's Rental Property Annual Statement.

Address: _____

What dates was the property available to rent from: ___/___/___ to: ___/___/___ or for the full year.

1. Income:

Rent: \$ _____ Insurance Claim: \$ _____
Water Reimbursed: \$ _____ Other Income: \$ _____

Rental Property Expenses:

Advertising for Tenants: \$ _____	Property Agent Fees: \$ _____
Body Corporate Levies: \$ _____	Cleaning: \$ _____
Gardening/Lawn Mowing: \$ _____	Council Rates: \$ _____
Insurance: Building & Contents: \$ _____	Pest Control: \$ _____
Insurance: Landlords: \$ _____	Land Tax: \$ _____
Water Rates: \$ _____	Electricity/Gas: \$ _____
Water Consumption: \$ _____	Printing & Stationery: \$ _____
Interest (please provide statements): \$ _____	Bank Fees: \$ _____

Repairs, Maintenance & New Assets

Date: ___/___/___	\$ _____	Description: _____
Date: ___/___/___	\$ _____	Description: _____
Date: ___/___/___	\$ _____	Description: _____
Date: ___/___/___	\$ _____	Description: _____
Date: ___/___/___	\$ _____	Description: _____

2. Have you refinanced your investment loan? Yes / No

If yes: Please provide the final statement of the old loan & the first statement of the new loan.

3. New Rental Property: If this is the first year you have owned or rented your property please provide:

- a. A copy of your "Final Settlement" purchase statement & "Offer & Acceptance".
- b. Initial loan statement.
- c. The depreciation report.
- d. Is the property jointly owned? Yes / No If yes, what _____% is yours?
- e. Is 100% of this loan for this property? Yes / No If no, what _____% is private?

Mortgage Lenders Insurance: \$ _____ Borrowing Expenses: \$ _____
Pest Control Check: \$ _____ Depreciation Report: \$ _____

WARNING: Please note that all claims need to have evidence kept for 5 years from lodgement date in order to avoid any audit complications. The information & figures that you have provided to us on this form are being accepted as you have sufficient evidence to substantiate the claim. If you are unsure if you can claim an expense, please contact us.