

# 2025 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 15<sup>TH</sup> JULY 2025\*\*\*

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 01/07/2024 to 30/06/2025. 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 or Protective Clothing:** Yes ☐ / No ☐

☐ Shirts/tops: \$\_\_\_\_\_    ☐ Pants: \$\_\_\_\_\_    ☐ Protective Gear: \$\_\_\_\_\_    ☐ Boots: \$\_\_\_\_\_

☐ 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 paid via 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: \_\_\_\_\_ total number of hours for the year working from home as per your WFH diary

☐ Previous Accountants Fees (if not Byford Accountants): \$\_\_\_\_\_ ☐ Audit Insurance: \$\_\_\_\_\_

☐ Tools: \$\_\_\_\_\_ over \$300 \$\_\_\_\_\_ date purchased \_\_\_\_/\_\_\_\_/\_\_\_\_ Description \_\_\_\_\_

☐ Computer/Laptop Expenses: \$\_\_\_\_\_ & date purchased \_\_\_\_/\_\_\_\_/\_\_\_\_ & \_\_\_\_\_% work related

☐ Professional Memberships: \$\_\_\_\_\_ Description \_\_\_\_\_

☐ 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: \$ \_\_\_\_\_  
Water Reimbursed: \$ \_\_\_\_\_

Insurance Claim: \$ \_\_\_\_\_  
Other Income: \$ \_\_\_\_\_

**Rental Property Expenses:**

Advertising for Tenants: \$ \_\_\_\_\_  
Body Corporate Levies: \$ \_\_\_\_\_  
Gardening/Lawn Mowing: \$ \_\_\_\_\_  
Insurance: Building & Contents: \$ \_\_\_\_\_  
Insurance: Landlords: \$ \_\_\_\_\_  
Water Rates: \$ \_\_\_\_\_  
Water Consumption: \$ \_\_\_\_\_  
Interest (provide bank interest summary): \$ \_\_\_\_\_

Property Agent Fees: \$ \_\_\_\_\_  
Cleaning: \$ \_\_\_\_\_  
Council Rates: \$ \_\_\_\_\_  
Pest Control: \$ \_\_\_\_\_  
Land Tax: \$ \_\_\_\_\_  
Electricity/Gas: \$ \_\_\_\_\_  
Printing & Stationery: \$ \_\_\_\_\_  
Bank Fees: \$ \_\_\_\_\_

**Repairs, Maintenance & New Assets**

Date: ____/____/____	\$ _____	Description: _____
Date: ____/____/____	\$ _____	Description: _____
Date: ____/____/____	\$ _____	Description: _____
Date: ____/____/____	\$ _____	Description: _____
Date: ____/____/____	\$ _____	Description: _____

**2. Have you refinanced or drawn down on your investment loan?** Yes ☐ / No ☐

If yes: Please provide all loan statements from 1/07/2024 to 30/06/2025.

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

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

Mortgage Lenders Insurance: \$ \_\_\_\_\_  
Pest Control Check: \$ \_\_\_\_\_

Borrowing Expenses: \$ \_\_\_\_\_  
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.