



## Individual Tax Return Checklist

TFN:		
First Name:		Surname:
Have you changed your name since your last return?		
DOB:		Occupation:
Contact Number:		
Email Address:		
Home Address:		
Postal Address:		
As above <input type="checkbox"/>		
Year of tax return you would like to do:		
Did you live in Australia for the whole tax year?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, what date did you arrive? / /		
Are you an Australian citizen including PR?		Yes <input type="checkbox"/> No <input type="checkbox"/>
What visa do you hold if not Australian citizen or PR		
Are you an Australian Resident for tax purposes?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Bank Details:	BSB:	Account No:
Name of account holder:		
Copy of last year's tax return:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse Details Not Applicable <input type="checkbox"/>	First name(s)	
	Surname	
	Date of birth	
	Taxable income (If not do tax return with you together)	
	Dependent children Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of dependent children:		
Private Health Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES, please provide statement
Do you pay child support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	How much paid?

Please provide all income evidence such as:

- |   |  |
|---|--|
| 1. PAYG Payment Summary(s)                                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Government Allowances or Payment                           | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Government Paid Pensions                                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Superannuation   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Gross Interest   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Dividends  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Business Income(Sole Trader): Please refer to Attachment 1 | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Rental Property: Please refer to Attachment 2              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. Capital gain/Loss: Please refer to Attachment 3            | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 10. Foreign Income  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11. Director fee or Cash earnings                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |



## Deductions

To claim a deduction for work-related expenses: You must have spent the money yourself and were not reimbursed. It must be directly related to earning your income. You must have a record to prove it and keep it at least five years.

### D1 Work related car expenses Yes No

How many kilometres for working? Not between home and main work place?  
Car Brand, Model and Registration Number

### D2 Work related travel expenses Yes No

Travel period, destination  
Actual expenses like airfares, tolls, meal, transport fee and accommodations

### D3 Work related Uniform Yes No

Protective clothing, Compulsory work uniform, Non-compulsory work uniform  
or Occupation specific clothing  
Amount spent on uniform  
Laundry  
Dry Cleaning

### D4 Work related self-education expenses Yes No

Course Name  
Course Fee

### D5 Other work related expenses Yes No

Trade Union  
Mobile phone \$ per month what % is work related?  
Internet access \$ per month what % is work related?  
Home office how many hrs per week do you work at home? how many weeks annually?  
Tool and Equipment  
Membership and Subscriptions  
Stationary and Books

### D6 Interest Deduction Yes No

Management fee for investment advice  
Bank or other financial institution account fee for investment purpose.  
Interest you paid for investment income.

### D7 Dividend Deduction Yes No

Cost relating to managing your investment like interest, consultation fee.

### D9 Donation Yes No

Amount and name of organization

### D10 Cost of managing tax affairs Yes No

ATO interest  
Tax return service fee

### D15 Other deductions/Income Protection Insurance Yes No

Please provide statement if you have income protection insurance



## Attachment 1 Business

Sole trader ABN:	
Business Activity:	
Business Address:	
Business Name:	
GST Register Date:	
Provide profit and Loss report and Balance sheet if Tailored Accounts can't access your book	
If no financial report	
Please provide document for calculating incomes and expenses	

## Attachment 2 Rental Property

Owner Name:	% of ownership:
How many weeks rent out during this year?	
Please provide rental property annual report and depreciation report	
Please put amount in the following items or provide invoices if it is not in the rental property annual report	
1. Rental Income	
2. Advertising For Tenants	3. Body Corporate Fee
4. Borrowing Expense	5. Cleaning
6. Council Rates	7. Gardening/Lawn Mowing
8. Insurance	9. Interest On Loan
10. Land Tax	11. Legal Expense
12. Pest Control	13. Property Agent Fee
14. Stationary, Telephone and Postage	15. Water Charge
16. Sundry rental expenses	

## Attachment 2 Capital Gain or Loss

Sold shares, units or received capital gain from trust	Yes <input type="checkbox"/> No <input type="checkbox"/>
What percentage of the ownership?	
Do you have purchase statement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no purchase statement,	
Please provide purchase details: purchase date, purchase quantity, unit price and agent fee	
Do you have sold statement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no sold statement,	
Please provide sold details: sold date, sold price and quantity, unit price and agent fee	
Sold investment property	Yes <input type="checkbox"/> No <input type="checkbox"/>
What percentage of the ownership?	
When did the property become rental property?	
Do you have purchase statement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no purchase statement,	
Please provide purchase details: purchase date, purchase price, legal cost and stamp duty	
Do you have sold statement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no sold statement,	
Please provide sold details: sold date, sold price, legal cost and agent fee	

