



INDIVIDUAL TAX RETURN DOCUMENT CHECKLIST

Please complete this checklist and provide with your documents.

Please note we are unable to start your return until this document has been completed and provided

Please tick each attachment you provide to us
Please provide copies of each ticked document (not originals)

CLIENT NAME _____ PHONE _____

ADDRESS _____

- What is your occupation? _____
- Bank account details (to receive refund if applicable)
Account Name: _____
BSB: _____ Account Number: _____
- New Clients Only*** - Please provide a copy of your prior years Tax Return
(Please note we require your full Tax Return (not the Notice of Assessment))
- Payment summary
- Termination / lump sum payments
- Government benefits
- Interest income
- Dividends statements
- Share trading details (copies of buy and sell contracts, copies of holding statements, annual trading summary from your broker, details of shares held at end of year)
- Cryptocurrency trading history in excel format (if any disposed of during year)
- Distributions from trusts or partnerships
- Capital gains / losses (original purchase and sale documents)
- Foreign income
- Rental property (please complete separate rental property checklist)
- Work related motor vehicle expenses
Have you kept a logbook for 12 continuous weeks in the last 5 years? (circle one) yes/no
If yes, please provide the business use % and details of all vehicle running expenses
If no, please advise the number of work related KMS travelled during the year: _____
- Other work related travel expenses
- Compulsory uniform and protective clothing:
- Please advise the total annual cost to purchase and launder \$ _____
- Work related self education expenses
- Other work related expenses
- How many hours did you spend working in your home office for the year: _____
- Total telephone expense for the year: \$ _____ Business use %: _____
- Total home internet expense for the year: \$ _____ Business use %: _____
- Other deductions (donations, income protection insurance etc.) (if yes, please specify)
- Do you, your spouse & dependants (if applicable) both have Private health Insurance?
- Number of dependant children _____
- Other: Please specify _____

Additional Notes:
