



Sydney ♦ Broken Hill ♦ Adelaide ♦ Darwin ♦ Katherine

INFORMATION CHECKLIST FOR

MAIL-IN RETURN 2018

Please note that this form can be completed electronically with any PDF reader

NAME: _____

ADDRESS: _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

Is your tax return required urgently? Yes No Date Required

In peak periods between July to December there is a 2 – 4 week turnaround. Please provide details of the deadline requirements and we will endeavour to work your request into our job program.

BANK DETAILS

Account Name _____

BSB: _____ Account Number _____

REFUND – please note, the ATO will no longer issue refund cheques. You must now provide your financial institution account details where you want your refund deposited. The ATO will perform an electronic transfer of your refund if applicable. Your Notice of Assessment will be posted to you.

PAYMENT DETAILS

Would you like your tax return fee to be deducted from your Tax Refund Yes No

(Please note that a \$20.00 take out fee will be charged for this)

PLEASE NOTE: That payment for Individual Income Tax Returns is required to be paid in full before lodgement unless the fee is being deducted from your refund.

ASSESSABLE INCOME

Indicate the type of income you received during the financial year and attach any supporting documentation

Salary Income including PAYG Summaries	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Attached <input type="checkbox"/>
Number of PAYG Summaries			
Termination Payments. Please include copies of Eligible Termination Statements. (ETP)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Attached <input type="checkbox"/>
Youth Allowance, Newstart, Austudy, Parenting payments	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Attached <input type="checkbox"/>
Commonwealth of Australia Government Pensions and other allowances	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Attached <input type="checkbox"/>
Other Australian Pensions or Annuities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Attached <input type="checkbox"/>
Trusts and Partnership Managed Funds (i.e BT funds, AXA etc)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Attached <input type="checkbox"/>
Copy of statement required			
Capital Gains on sales/s of assets	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Shares			Completed Worksheet <input type="checkbox"/>
Investment Properties			Completed Worksheet <input type="checkbox"/>
Other Please provide details			

Bank Interest Income	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Completed Worksheet <input type="checkbox"/>
Dividends. Please provide copies of all dividend statements including those in a dividend Reinvested plan (DRP)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Attached <input type="checkbox"/>
			Completed Worksheet <input type="checkbox"/>
Rental Income	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Number of properties <input type="text"/>			Completed Worksheet <input type="checkbox"/>

DEDUCTIBLE EXPENSES

Indicate if any of the following deductions relate to you. Complete the details field and attach any supporting documents or relevant information.

Car Expenses

Did you use your own car for work purposes (does not include driving between home & work)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Registration _____	Make/Model _____	
Was a log book maintained (please ensure you keep a log book for a continuous period of 12 weeks)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Kms travelled (estimated) _____	Fuel _____	
Lease Payments _____	Repairs & Maintenance _____	
Interest on HP payments _____	Registration & Insurance _____	

Travel Expenses – Business Related (Documentation Required)

Did you travel for business Yes No

Please provide details/reason for travel, meal & accommodation costs, airfare/taxi/train etc costs.

(please only include expenditure that you incurred and not any costs reimbursed)

Self-Education / Professional Development (Documentation Required)

Did you undertake any courses, certificates or attend work related seminars Yes No

Please provide details of how these related to your current employment

Institution Name	_____	Institution Name	_____
Course Name	_____	Course Name	_____
Course Fees paid (excluding HECS)	_____	Course Fees paid (excluding HECS)	_____
Textbooks & Journals	_____	Textbooks & Journals	_____
Printing & Stationary	_____	Printing & Stationary	_____
Other	_____	Other	_____

Other Work Related Expenses (Documentation Required)

Are you required to work or spend time outdoors Yes No

Did you have to wear a logo uniform or protective clothing Yes No

If yes please provide details of out of pocket expenses

Did you use your home office for work purposes Yes No

Total hours worked at home

Did you incur mobile or home phone costs with your employment Yes No

If yes please provide details of plans/costs, business % of usage and how this was calculated.

Please provide expenses incurred or any of the below that related to your business/employment.

(Please note you must have proof of expenditure for all work related expenses totalling \$100 or more and provide documentation)

Diary / stationery / work material	_____	Documentation attached	_____	(further details)	_____
Stationery	_____	Documentation attached	_____		_____
Union Fees / Professional Bodies	_____	Documentation attached	_____		_____
Sickness & accident / income protection insurance	_____	Documentation attached	_____		_____
Calculators, briefcase, electronic organiser	_____	Documentation attached	_____		_____

Please provide details of any other costs you incurred that directly related to your employment that are not listed

Superannuation

Have you made any personal after tax contributions to a superannuation fund Yes No

If so, did you advise your superannuation fund that you intend to claim a tax deduction? Yes No
If yes, please provide a notice from your fund stating this. Attached

If no, you may be entitled to Government Co-Contributions and this will be recognised by your superannuation fund after processing your tax return.

Rebates

Did you have Private Health Insurance Yes No
If yes, please provide a copy of your health fund statement Attached

Did you have a spouse for the full financial year Yes No
If yes, please provide details
Full Name _____ DOB _____ Taxable Income _____

Did you have any dependants living with you (Please note only one spouse can claim this rebate) Yes No
If yes, please provide details

Full Name	_____	Full Name	_____
DOB	_____	DOB	_____
Name of school (if applicable)	_____	Name of school (if applicable)	_____
Taxable Income	_____	Taxable Income	_____

Full Name	_____	Full Name	_____
DOB	_____	DOB	_____
Name of school (if applicable)	_____	Name of school (if applicable)	_____
Taxable Income	_____	Taxable Income	_____

If you lived or worked in a remote or isolated area of Australia, or served overseas as a member of the Defence you may be eligible for a zone offset. If so, please provide details of locations and duration of time.

Other deductible expenses

Did you make any Donations during the year to tax deductible gift recipients Yes No
If yes, please provide details

Did you pay any accounting fees during the financial year Yes No
If yes, please provide details
