ACCOUNT NAME:

INFORMATION FOR 2017 TAX RETURN CHECKLIST INDIVIDUAL

IMPORTANT NOTE – WORKFLOW MANAGEMENT

We shall endeavour to ensure that your Individual tax return is lodged with the ATO by the due date, provided ALL relevant information and documentation is received by 15th February 2018. If the relevant information and documentation is not received by the due date, we may not be able to guarantee that your 2017 tax return is lodged in time.

NAME:	OCCUPATION:
D.O.B	TFN
PHONE NO. DAYTIME:	AFTER HOURS:
EMAIL ADDRESS:	
POSTAL ADDRESS	
NAMES OF DEPENDANT CHILDREN AND SPO	DUSE DATE OF BIRTH
IMPORTANT NOTE -ATO EFT Refunds	s from 1 July 2014
From 1 July 2014 the ATO will be issuing all Transfer (EFT) only.	l Individual Income Tax Refunds via Electronic Funds
account for each individual (including childr	this change, we will require details of a nominated bank en) to have your refunds deposited into. This account does ou prefer to use a joint account then you are able to do so.
BSB:	
ACCOUNT NUMBER:	

INCOME:

1. <i>Group Certificates</i> (including pensions) Yes No Number of certificates attached							
2. Other Salary income: (includes any directors' fees, commissions etc.)							
3.			ayments (if you O Statement)	rece	ived a lump sum term	ination please provide	e Eligible Termination
	Applicable		·		Yes	No 🗌	
4.	Interest (n	noney	received on you	ur baı	nk accounts)		
	Name of Ba	nk	Account No).	Total Interest Received \$	TFN Withholding \$	Joint Account?
5.	dividend re	vide (einve	stment plan (D	RP)	which means you do	e received. Also note on't physically get the s is still income and m	money to bank [the
	ASX Code	N	lo. of shares	U	nfranked Dividend	Franked Dividend	Franking Credit

Please provide your own list if more convenient.

Buyers advocate fee

6.	Employee Shares/Options: Have you received any Shares and/or Options under the Employee Share Scheme?					
	Yes \(\subseteq \text{No} \(\subseteq If yes, please attach the Employee Share Scheme Statement issued by the employee					
7.	Trusts and Partnerships : (i.e. example of trusts is BT, Perpetual, Colonial First State, etc.). Name of trust or partnership – Please provide documents (including year end Tax Statements) to show income from the funds you list.					
8.	National Rental Affordability Scheme Affordability Scheme? If so, please supply		u provide any rental under the Natonal Re	ental		
9.	Capital Gain: Did you sell any assets suc 20 September 1985.	ch as sha	res or property which were acquired after			
	State	Yes	. □ No □			
	If yes then please provide documentation sale / funds received etc.	of when it	was purchased / cost and also documen	nts on		
	Shares - Sales					
	Please provide buy & sale contracts					
	Property					
	Purchase documents		Sale Documents			
	Contract of sale		Contract of sale			
	Settlement Statement		Settlement Statement			
	Statement of Adjustments		Statement of Adjustments			
	Stamp duty		Conveyancing fees			
		_				
	Transfer of land registration		Agent commission			
	Transfer of land registrationConveyancing fees		Agent commission			

10.	. Rental Income : Please attach details of the rent received and all expenses in their separate categories. Please supply Lawyers settlement sheets, contract exchanged and agent's invoice, if any, for property acquired. Should you require the services of a Quantity Surveyor for a depreciation report please contact your client manager.
	Refer to the attached schedule for details required for each property.
11.	. Foreign Sourced Income : Did you have any foreign income, including rental properties that are positive and negatively geared? If so please provide details.(This may also include managed funds statements ie. Platinum International, etc)
12	. Business Sourced Income : Did you have any business income? If so please provide details including any capital purchases over \$1,000.
13.	. Any other income : Did you receive any government allowances, pensions & payments (eg. Newstart, Youth Allowance, Austudy, Australian Government Disaster Recovery Payment & Natural Disaster Relief Recovery Arrangements).
	EDUCTIONS: Please ensure you are able to substantiate all claims, even if less than \$300. fer to tax tips for more information.
1.	Motor Vehicle: Did you use your own car for business / work purposes through the year: Yes □ No □
	If yes then please provide one of the following:-
	<u>Log Book Method – Business % use</u> (please ensure you keep a log book for a continuous period of 12 weeks) Please provide details of all expenses you incurred over the financial year including fuel, repairs / maintenance, registration / insurance etc.
	If you have a loan for the vehicle please provide details of the interest you paid over the year and the cost of the car, if you have a hire purchase please provide a copy of the purchase contract.

	<u>Kilometres Method</u> : You haven't kept a log book but use your car for work. Let us know how many kilometres you would have travelled for work. The maximum the tax office allows you to claim is 5000 kilometres.
	Kilometres:
	Car Engine Size: (in litres i.e. 1.6 litres):
2.	Work Uniform: Do you have to wear a logo uniform or protective clothing?
	Yes ☐ No ☐
	If yes were you out of pocket through the year for purchasing any new items (if so please provide
	details).
3.	Other Work Related Deductions:- (please provide receipts where possible)
	☐ Work related travel expenses
	☐ Union fees / professional bodies
	☐ Home office expenses
	☐ (number of hours spent working from home per/week)
	☐ Total electricity & gas bills for financial year
	☐ Home office size in relation to total home floor space (eg 15%)
	☐ Telephone (incl. mobile) and Internet expenses. (The ATO is now requiring a four week diary
	record be maintained for these forms of usage for verification purposes)
	□ Diary / Stationery / Printing

	☐ Tools and equipment						
	☐ Seminar costs or self education						
4.	Other: (Any costs you incurred that were directly related to your job). Please provide details.						
5.		ection Insurance		anco Voc / N	0		
	☐ Do you ha	ve tax deductible i	Income Protection Insur	ance res/in	O		
	Please pro	ovide details of you	ur insurance policies.				
Р	olicy Type	Sum Insured	Insurer	Premiums \$	Premium Frequency		
R	EBATES:						
1)	Private Heal	Ith Insurance:					
,		orivate health insu	rance	Yes □] No □		
	yes you must p	provide us with co		statement they	send you after the end of	the	
11116	anciai year, iriis	s will tell us il you a					
2)	Spouse						
	 Did you ha 	ave a spouse for th	ne full financial year	Yes [] No [
	 Does your Details of benefit 	•	ny benefits from Centre	link Yes [] No [
3)	Superannua	ntion:					
		elf employed, if yes nation for the finan	s, please provide details cial year.	of contribution	s you made to your		

	D)	entitled to super co-contributions (conditions apply). We do not require any information for your tax return as the process to claim this is automatic between the Australian Taxation Office and your superfund upon lodgement of your tax return. If yes, please provide details of contributions you made to your superannuation for the financials year.
	c)	Have you made superannuation contributions on behalf of your spouse? Yes \(\square \) No \(\square \)
4)	Me	edical Expenses:
	The	e medical rebate has now been removed except for medical expenses in relation to disability aids,
	atte	endant care or aged care. Please provide a schedule of these expenses where applicable.
		ER: Any other information which you are unsure of, or which you would like us to be aware of a note FIFO and DIDO workers no longer eligible for zone rebates from 1 July 2015.

Year

RENTAL PROPERTY ANNUAL INCOME & EXPENSES

(Please provide copies of statements & receipts)

Taxpayer name **PROPERTY DETAILS:** P/Code..... Ownership **Purchase (Contract) Date** Date deposit was paid **Settlement Date** Date first rented Weeks rented this year **PURCHASE COSTS: BORROWING EXPENSES Purchase Price** Conveyancing Loan fees **Stamp Duty** S/D on mortgage Other **Mortgage Insurance** Renovations Other Total Total Income for year Rent Other Income Total Expenses Item Date **Account Ref** Paid to **Amount Total** Advertising for tenants **Body Corporate fees** Cleaning **Council Rates** Gardening/lawn mowing Insurance (L/Lord & prop) Interest on loans **Land Tax**

Legal Fees					
Pest Control					
Property Agent fees					
D					
Repairs & maintenance					
(Dates & type)					
Stationary, phone,					
postage					
pootage					
Travel Expenses					
Water Charges					
Sundry rental					
expenses					
51 4 16 14 111					
Plant and furniture addi			iring year	Y	'N
(Please provide rece	ipts for item	is over \$300)			
Renovations during yea	r (Please n	rovide itemised li	iet)	Y	/N
veriovations during yea	i (Fiease p	iovide itelliised i	131)	17	14
oan refinancing during	ı vear			Y	'N
(Please provide bot)	the refinan	ced & new loan s	tatements)		
•			·		
FAVDAVED'S DECLADA	TION				
「AXPAYER'S DECLARA	\TION				
ΓΑΧΡΑΥΕR'S DECLARA	ATION				
「AXPAYER'S DECLARA	NTION				
		ave given is true a	and correct.		
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TAXPAYER'S DECLARA declare that all the info		ave given is true a	and correct.		
		ave given is true a		ıto:	