

Please note that most of **2024-2025** tax returns are due for lodgment by **15 May 2026** (unless you have been informed otherwise). In order for us to complete your return by the due date, we will require your documentation no later than **1 March 2026**.

During peak tax periods our turnaround is 6-8 weeks from when we receive your documentation.

If your return is not required urgently, please indicate period that would be suitable:

☐ Urgent
 ☐ 4-6 Weeks
 ☐ 6-8 Weeks
 ☐ 8-10 Weeks
 ☐ Anytime before Due Date

GIVEN NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TAX FILE NUMBER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

ACCOUNT NAME\*: \_\_\_\_\_

BANK BSB NUMBER\*: \_\_\_\_\_ BANK ACC\* NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAMES OF DEPENDENT CHILDREN & D.O.B

NAME OF SPOUSE OR PARTNER & D.O.B  
(Includes same sex couples) \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*COMPULSORY: Please supply spouse taxable income, include Reportable Fringe Benefits, Reportable Superannuation.**

## INCOME

**ARE YOU AN EMPLOYEE?**

(Including pensions)

YES ☐ NO ☐

If yes, your PAYG income summaries from your employers will be available via the ATO portal or MY GOV

**OTHER INCOME** (Includes any business income, director's fee, commissions etc)

\_\_\_\_\_  
\_\_\_\_\_

## INTEREST RECEIVED

NAME OF BANK	ACCOUNT NUMBER	TOTAL INTEREST RECEIVED \$	TFN WITHHOLDING \$	JOINT ACCOUNT?

## **DIVIDENDS**

Please provide copies of dividend statements of Income received, including Dividend Reinvestment Plans (DRP)

NAME OF SHARES	NUMBER OF SHARES HELD	AMOUNT RECEIVED \$

## **TRUST AND PARTNERSHIPS**

(Eg: BT funds, Vanguard, AXA etc) Name of trust or partnership -

Please provide **Annual Tax Statements**

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## **CAPITAL GAIN**

Did you sell any assets such as shares or property which were acquired after 20 September 1985?

Applicable YES ☐ NO ☐

If yes, please provide documentation of when it was purchased/cost and also documents on sale/funds received, etc.

## **RENTAL INCOME (including AIRBNB)**

Please complete attached rental property statement at the back of this checklist.

## **EMPLOYEE SHARE/OPTION SCHEME**

Did you receive bonus shares/options from your current employer during 2024/2025?

- ☐ - ☐

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## **ANY OTHER INCOME**

(Any Income you have received in the financial year that does not fit into any of the above categories. Please provide details.) ***Eg. Interest on any overseas bank accounts or any other foreign income received.***

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**Do you have any assets over \$50,000AUD outside of Australia?**

YES ☐ NO ☐

## **DEDUCTIONS**

**Please ensure you are able to substantiate all claims, even if less than \$300.**

### **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:

**Log Book Method- Business % use** (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. In a spread sheet or itemised form and attach it to this checklist.

If you have a loan for the vehicle, please provide figures of your lease payments.

**OR**

### **Kilometres Method**

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.

**Car Registration Number:** \_\_\_\_\_

**Kilometres:** \_\_\_\_\_

### **WORK UNIFORM**

Do you wear:

YES ☐

NO ☐

- Protective clothing
- Uniform with a company logo
- Occupation specific clothing

If yes, were you out of pocket through the year for purchasing any new items. (If so please provide details)  
Laundering and dry cleaning of clothing listed above are claimable.

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### **SELF EDUCATION**

Name of Course \_\_\_\_\_ Institution \_\_\_\_\_

How does it relate to your current employment/employer? \_\_\_\_\_

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Fees (Excluding **HECS/HELP** debt) \_\_\_\_\_

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Books/Stationery/Consumables \_\_\_\_\_

Travel \_\_\_\_\_

Internet Amount per month \_\_\_\_\_ Percentage used for work \_\_\_\_\_

Home Office Hour Hours per week \_\_\_\_\_ How many weeks \_\_\_\_\_

## OTHER WORK RELATION DEDUCTIONS

Union fees/Professional bodies (List names and amounts)		
Diary/Printing/Postage/Stationery		
Books and Journals		
Seminar costs		
Sickness & Accident Insurance/ Income protection (Please supply a copy of the policy)		
Internet	Amount per month _____	Percentage used for work _____
Home Office Hours from 01/07/2023 to 30/06/2024	Hours per week _____	How many weeks _____
Mobile Phone	Amount per month _____	Percentage used for work _____
Outdoor workers (Sunglasses/Sunscreen/Hats)	Amount _____	Percentage used for work _____
Tools & Equipment-Over \$300 (List dates & percentage used or work purpose)		

## OTHER

(Costs you incurred that was directly related to your job.)

Please provide details:

Income Protection Insurance YES ☐ NO ☐ If yes, how much did you pay \$ \_\_\_\_\_

## GIFTS OR DONATIONS

Voluntary gifts of \$2 or more made to a Deductible Gift Recipient (DGR) Status Organization, please list the name of the organization and the amount donated. (This includes School Building Fund donations)

## TAX OFFSETS

### PRIVATE HEALTH INSURANCE

Do you have private health Insurance? YES ☐ NO ☐

Please confirm all your family members (including your spouse and children) were covered by private health insurance hospital cover YES ☐ NO ☐

### SPOUSE OR PARTNERS TAXABLE INCOME\*

(Includes same sex couples)

Did you have a spouse/partner for the full financial year? YES ☐ NO ☐

Does your spouse/partner receive any benefits from Centrelink? YES ☐ NO ☐

What was your spouse or partner's taxable income\*: \$ \_\_\_\_\_

(Please supply a copy of their PAYG Summary/Group certificate)

\*Compulsory

### **SUPERANNUATION**

a) Please provide details of contributions you made to your superannuation for the financial year, if any.

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b) Have you made superannuation contributions on behalf of your spouse?

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### **OTHER**

Any other information that we should be aware of: i.e. you are not entitled to Medicare Benefit, you are a student etc.

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**Please ensure that the information you have supplied is correct. The onus is on you the taxpayer to be able to / substantiate the information that you have supplied.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Please mail your completed forms and supporting documentation (copies of the originals are sufficient) to:



### **Investax Group**

Suite 1/102 Level 1, 276 Pitt Street Sydney NSW 2000

Tel: 02 8651 8000 | Fax: 8213 9222

[www.investax.com.au](http://www.investax.com.au)

**A postage fee will be added to your invoice upon the return of bulky items.**

Only rents received and expenses **paid** between 1 July 2024 and 30 June 2025

Owner Names & Ownership %:	
Address of Rental Property:	
Number of weeks property was rented this year:	

## INCOME

Gross rental income	
Other rental related income	
Gross Rent	

## EXPENSES

D Advertising for tenants	
E Body corporate fees (Strata Levies)	
F Borrowing expenses	
G Cleaning	
H Council Rates	
I Capital allowances (depreciation)	
J Gardening/lawn mowing	
K Insurance	
L Interest on loans	
M Land Tax	
N Legal fees	
O Pest control	
P Property agent fees/commission	
Q Repairs and maintenance (R & M)	
(for R & M purchases greater than \$300 need details)	
R Capital Work's Deduction (Building)	
S Stationery, telephone and postage	
T Travel expenses (Not allowed after 30/6/2017)	
U Water charges	
V Sundry rental expenses	
<b>TOTAL EXPENSES</b>	

## NET RENT

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**Note new rules on depreciation claims apply on signing of contracts as of 9/5/17 7.30pm**

**For property purchased this financial year please provide the following:**

Settlement Sheet

Bank Loan Offer

First Bank Statement

Transfer Title Documents

First Page Of The Contract For Sale

Depreciation Schedule (if any)