

INDIVIDUAL TAX RETURN CHECKLIST

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CLIENT'S DETAILS

Income Tx Year:

Title: _____
Full Name: _____
Date of Birth: _____
Tax File Number: _____
Australian Business Number: _____
Phone Number: _____
Email: _____
Occupation: _____
Australian Resident for Tax Purpose? (Y) _____ (N) _____
Are you on Working Holiday Visa? (Y) _____ (N) _____
Bank Account Details: BSB: _____ A/C: _____
Residential Address: _____
Postal Address: _____

Spouse's Details

Are You Married or De Facto? (Y) _____ (N) _____
Did you have a spouse for the Full Year: (Y) _____ (N) _____
Your Spouse Has Residency: (Y) _____ (N) _____
Spouse's Full Name: _____
Spouse's Date of Birth: _____
Spouse's Taxable Income: \$ _____
Number of Dependent Children and Students: _____

Private Health Insurance

Do you & spouse have Hospital Cover for the Full Year? (Y) _____ (N) _____

INCOME

Salary and Wage: \$ _____
PAYG Withholding Tax: \$ _____
(Please confirm Income Statement on MyGov is Correct)
Allowance & Director's Fees: \$ _____
Centrelink: \$ _____
Superannuation Income Stream: \$ _____
Interest Income: \$ _____
Franked Dividends: \$ _____
Unfranked Dividends: \$ _____
Income from Partnership/Trust Distribution: \$ _____
(Please provide the annual tax/distribution statement)
Capital Gain/(Loss) from Disposal of Asset: \$ _____
(Please discuss this further with accountant)
Other Income: \$ _____
(Please specify below)

DEDUCTIONS

Work-Related Motor Vehicle Expenses (D1)

Logbook Method (actual running costs) <i>(Logbook and work-related use percentage required)</i>	%	_____
Insurance:	\$	_____
Parking:	\$	_____
Petrol:	\$	_____
Registration:	\$	_____
Repairs & Maintenance:	\$	_____
Toll Charges:	\$	_____
Other:	\$	_____
 Cents Per Kilometre Method:	kms	_____
<i>(Travel between work places, claim up to 5,000 kms)</i>		

Other Work Related Travel Expenses (D2)

Parking & Toll Charges:	\$	_____
Taxi Fares:	\$	_____
Domestic Travel With Reasonable Allowance:	\$	_____
Overseas Travel with Reasonable Allowance:	\$	_____
<i>(Please ensure that you have a travel diary & receipt)</i>		

Work -Related Uniform/Other Clothing Expenses (D3)

Protective Clothing:	\$	_____
Occupation Specific Clothing:	\$	_____
Laundry:	\$	_____
Dry Cleaning:	\$	_____
Other Expenses:	\$	_____
<i>(Must have receipt if above claim is more than \$150)</i>		

Work-Related Self Education Expenses (D4)

Student Union Fees:	\$	_____
Course Fees:	\$	_____
Text Books:	\$	_____
Computer:	\$	_____
Furniture for Study:	\$	_____
Travel for Education Purpose:	\$	_____
Others (please specify):	\$	_____
<i>(Please provide receipt if computer, equipment & furniture costs more than \$300 each)</i>		

Other Work-Related Expenses (D5)

Seminar & Training Fees:	\$	_____
Home Office - Fixed Rate Method: <i>(Actual hours you work from home)</i>	hrs	_____
Home Office - Actual Running Cost Method: <i>(Work-Related Use Percentage)</i>	\$	_____
	%	_____
Purchase of Furniture for Home Office:	\$	_____
Purchase of Computer, Phone & Equipment:	\$	_____
Software & Cloud Drive:	\$	_____

Mobile Phone: \$ _____
(Work-Related Use Percentage) % _____
 Internet : \$ _____
(Work-Related Use Percentage) % _____
 Diary, Printing & Stationery: \$ _____
 Briefcase Used for Employment: \$ _____
 Professional Association Membership: \$ _____
 Work-Related Subscriptions: \$ _____
 Teaching Aids: \$ _____
 Sun Protection Products: \$ _____
 Union Fees: \$ _____
 Professional Library: \$ _____
*(Please provide receipt if computer, mobile phone,
 equipment or furniture costs more than \$300 each)*

Interest Deuctions (D7) \$ _____
(Interest incurred in earning Interest Income)

Dividend Deductions(D8) \$ _____
(Interest incurred in earning Dividend Income)

Gifts & Donations (D9) \$ _____
(Including Donations to the political parties)

Cost of Managing Tax Affairs (D10) \$ _____
(Tax Agent Fees)

Personal Superannuation Contributions (D12) \$ _____

Other Deductions (D15)
 Income Protection Insuarance: \$ _____
 Dedutions Relating to Financial Investment: \$ _____

TAXPAYER'S DECLARATION

I declare that the information I have provided in this questionnaire (including any attachments) are true and correct to the best of my knowledge. I declare I have the necessary receipts and other records (or can obtain the necessary written evidence within a reasonable time) to support my claims.

Taxpayer's Signature:

Date: