

2017 Income Tax Return Checklist

| | |
|--|--------------------------------|
| Surname | |
| Given Names | |
| Tax File Number | |
| Date of birth | |
| Address | |
| Address (postal) <small>(Put 'as above' if the same)</small> | |
| Telephone contacts | Mobile: |
| | Business Hours (work) : |
| | After Hours (home): |
| Email | |
| Electronic banking Details <small>(for refund if applicable)</small> | BSB: |
| | Account Number: |
| | Account Name: |
| Main occupation | |
| Spouse name and TFN | |

To make an appointment please call TDG Business Services on (02) 67361033:

Date of Appointment:.....

Time of Appointment:.....

Accountants Name:.....

Or please drop your information in at the Front Counter at your convenience.

Instructions: The following pages are provided to give you a guide as to what information your accountant may ask you for when completing your tax return. Please go through this list before you visit your accountant (or drop off your information) to ensure you have provided all the documents required. Please circle each item to indicate if it is applicable to you or not. If you are unsure about any items, please underline it so your accountant can verify if the items is relevant to you.

INCOME – Please provide evidence

- 1. Salary or wages – provide Payment Summary from each employerYES/NO
- 2. Australian Government Allowances and payments like Newstart, Youth allowance and Austudy paymentsYES/NO
- 3. Australian Government Pensions and AllowancesYES/NO
- 4. Australian Annuities and Superannuation Income Streams or Lump SumsYES/NO
- 5. Interest (Bank Statements, Term Deposit Statements)YES/NO
- 6. Dividends (Provide Dividend slips)YES/NO
- 7. Distributions from partnerships and/or trusts (e.g. Managed Funds)YES/NO
- 8. Have you sold your personal homeYES/NO
- 9. Foreign source income (including foreign pensions) and foreign assets or propertyYES/NO
- 10. Other income (please specify below)YES/NO

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 11. Rental Property (Agent Statements or Evidence of Income).....YES/NO

Rental Expenses (Tick if Supplied): Body Corp Fees , Cleaning, Rates , Insurance ,

Loan Interest , Pest Control , Repairs , Capital Repairs Bank Fees

Other rental expenses supplied (please list).....

DEDUCTIONS – Please provide evidence

Work related car expenses

Cents per kilometre method up to a maximum of 5,000 kms (Provide Km's travelled) YES/NO

Log book method (Provide all costs for the year inc. Rego, Insurances, Fuel, Repairs) YES/NO

Work related travel expenses

Employee domestic travel where a travel allowance has been paid by the employer YES/NO

If the claim is more than the reasonable allowance rate, do you have receipts for your expenses? YES/NO

Overseas travel where a travel allowance has been paid by the employer YES/NO

Do you have receipts for accommodation expenses? YES/NO

If travel is for 6 or more nights in a row, do you have travel records? (e.g. a travel diary) YES/NO

Employee has not been paid an allowance or been reimbursed for expenses incurred..... YES/NO

Did you incur and have receipts for airfares, car hire or accommodation? YES/NO

Did you incur and have receipts for meals and incidental expenses? YES/NO

Do you have any other travel expenses that you have receipts for? YES/NO

Work related uniform and other clothing expenses

Protective clothing, Occupation specific clothing, Compulsory & Non-compulsory Uniforms..... YES/NO

Laundry expenses (up to \$150 without receipts) YES/NO

Dry cleaning expenses YES/NO

Work related self-education expenses

Course taken at educational institution (provide details) YES/NO

Course Expenses (Tick if Supplied): Union Fees , Course Fees , Books & Stationary ,

Travel , Other self-education expenses supplied (please list).....

Other work related expenses (tick where supplied)

Home office expenses (evidence of hours worked)YES/NO

Telephone/mobile phone (evidence of calls made if claim over \$50).....YES/NO

Tools and equipment Computer and Software Journals/periodicals YES/NO

Subscriptions and union fees Sun protection products (i.e., sunscreen and sunglasses) ...YES/NO

Seminars and courses not at an educational institution:

- course feesYES/NO
- travelYES/NO
- other (please specify)YES/NO

Any other work related deductions (please specify)YES/NO

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Other types of deductions

Interest deductions Dividend deductions YES/NO

Gifts or donations Cost of managing tax affairs YES/NO

Income Protection Insurance

Did you make any Personal superannuation contributions YES/NO

If so, have you provided the fund a notice of intention to deduct the contribution? YES/NO

Do you have any other questions you want to ask your accountant?

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Questions that could affect your Tax offsets/rebates – Please provide evidence

Did you make superannuation contributions on behalf of your spouse? YES/NO

Did you live in a remote area of Australia, or serve overseas with the Australian Defence Force or the UN armed forces in 2017?.....
YES/NO

Did you have net medical expenses in 2017? YES/NO

- Eligible expenses include expenses relating to disability aids, attendant care or aged care expenses?

Did you maintain a dependant who is unable to work due to invalidity or carer obligations?..... YES/NO

Are you entitled to the Medicare levy exemption or reduction in 2017? YES/NO
(If yes, please specify and provide exemption certificate):

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Did you have private health insurance in 2017? (Private Annual Tax Statement) YES/NO

Do you have a HECS/HELP liability or a student financial supplement loan debt? YES/NO

Family Tax Benefit ('FTB') Centrelink Payments:

– Did you have care of a dependent child in 2017? (Please provide names and DOB) YES/NO

– Did you or your spouse receive FTB through the Department of Human Services in 2017? YES/NO

Did you receive any tax-free government pensions in 2017?.....YES/NO

Did you (or your spouse) pay any child support payments in 2017? (Supply Details).....YES/NO

Spouse details (if applicable)

Did you have a spouse for the full year from 1 July 2016 to 30 June 2017?YES/NO

If you had a spouse for only part of the income year, please specify the dates between 1 July 2016 to 30 June 2017 when you had a spouse:

From ____ / ____ / _____ to ____ / ____ / _____

What was your spouse' Taxable Income (provide copy of their Tax Return).....YES/NO

Did your spouse receive any exempt pension income in the 2017 income year? YES/NO

Does your spouse have any reportable super contributions for the 2017 income year? YES/NO

Dated the Day of20.....

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Signature of taxpayer

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Name (print)

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