# INDIVIDUAL TAX RETURN CHECKLIST

Client Name_____Client Signature _____

# INFORMATION FOR YOUR TAX RETURN

| | | | |
|---|---|---|---|
| **Name:** | | **Spouse name:** | |
| **DOB:** | | **Spouse DOB:** | |
| **Occupation:** | | **Spouse Taxable Income:** | |
| **Residential address** | | **Postal address** | |
| | | | |
| | | **Email:** | |
| **Phone:** | **W:** **H:** **M:** | | |
| **Bank details:** | **Acc. name:** **Acc. no:** **BSB:** | | |
| **Children's details – name and DOB (if any):** | | | |

# PERSONAL INCOME TAX RETURN

| **Please supply all records with respect to the following:** | **Yes** | **No** | **N/A** |
|---|---|---|---|
| PAYG payment summaries | | | |
| Government benefits (Centrelink etc) | | | |
| Investment income (dividend statements, interest statements, managed fund annual tax statements, rental property agent statements) | | | |
| Tax free government pension amount and any child support provided for the year if applicable | | | |
| Investment records – details of investment purchases and sales | | | |
| - Shares | | | |
| - Cryptocurrency | | | |
| - Other | | | |
| For those that are self employed, details of business income and expenses | | | |

| **Please supply all records with respect to Motor vehicle details between 1 July to 30 June:** | |
|---|---|
| Vehicle description and cost (please provide invoice if new) | |
| Number of work related km's travelled | |
| Registration and Insurance | |
| Fuel expenses | |
| Repairs and maintenance | |
| Business / work related use as per your logbook | |
| Other | |

# RENTAL PROPERTY

| Property details | | | |
|---|---|---|---|
| Address of rental property: | | | |
| Date property purchased: | | Date property first earned rental income: | |
| Number of weeks available for rent: | | Number of weeks private use: | |
| Ownership details: In your name | In joint names | Name: | Percentage |
| | | Name: | Percentage |

| Please supply all records with respect to rental property: | Yes | No | N/A |
|---|---|---|---|
| Agent Summary | | | |
| Advertising for tenants (if not on agent summary) | | | |
| Council rates (if not on agent summary) | | | |
| Depreciation Schedule / QS Report | | | |
| Insurance (if not on agent summary) | | | |
| Land Tax Assessment Notice | | | |
| Pest Control (if not on agent summary) | | | |
| Repairs & Maintenance (if not on agent summary) – please provide invoices | | | |
| Body Corporate Fees (if not on agent summary) | | | |
| Cleaning / Gardening (if not on agent summary) | | | |
| Interest Summary/ Loan Statements | | | |
| Stationery, telephone and postage (if not on agent summary) | | | |
| Water Charges (if not on agent summary) | | | |
| Other | | | |

| Depreciable items (if more than two items please attach a list) | | |
|---|---|---|
| Item | Date purchased | Cost |
| | | $ |
| | | $ |

| Property Purchase / Improvements (if further space required please attach list) | | |
|---|---|---|
| Item | Date | Cost |
| | | $ |
| | | $ |

| Additional Rental Items | Yes | No | N/A |
|---|---|---|---|
| Would you like Hall & Melia to provide a quote and organize a Depreciation Schedule / QS Report | | | |
| **Would you like Hall & Melia to review your land tax status and potential land tax liability?** | | | |

For multiple properties please copy this schedule.

**For new property purchases, please provide a copy of the purchase contract, settlement statement, details of costs of purchase including stamp duty and legal fees and details of borrowing expenses incurred.**

# INDIVIDUAL TAX RETURN DEDUCTIONS CHECKLIST

When completing your tax return, you're entitled to claim deductions for some expenses that are directly related to earning your income. The expense must not be a private, domestic or capital expense. If the expense was both work-related and private or domestic, you can only claim a deduction for the work-related portion.

Please provide evidence in relation to the below if you would like to claim a deduction.

# POSSIBLE DEDUCTIONS YOU MAY CLAIM

| **Please supply all records with respect to possible deductions:** | **Yes** | **No** | **N/A** |
|---|---|---|---|
| Work related domestic and overseas travel expenses | | | |
| Work uniform and protective clothing expenses | | | |
| Work related self-education expenses | | | |
| Work related clothing (occupation specific / protective / compulsory) | | | |
| Union / membership fees | | | |
| Sickness & Accident or Income Protection Insurance premiums | | | |
| Work related telephone expenses – Please provide total expenses and work related percentage of use (a diary of usage should be kept for a minimum of 4 weeks each year for substantiation requirements.) **Work Related %** **Total Cost** | | | |
| Work related internet expenses – Please provide total expenses and work related percentage of use (a diary of usage should be kept for a minimum of 4 weeks each year for substantiation requirements.) **Work Related %** **Total Cost** | | | |
| Please provide an estimate of your home office usage (hours per week) for the period 1st July to 30th June (a diary of usage should be kept for a minimum of 4 weeks each year for substantiation requirements.) **Hours Per Week** | | | |
| Have you made any gifts or donations? If yes, please provide a copy of the receipt that clearly shows the dollar amounts and recipients. | | | |
| **Have you made any personal super contributions? If so, please provide the acknowledge letter from super fund.** | | | |
| Other | | | |

| **Work Related Purchases (Laptop / Tablet / Mobile Phone etc.) – Please provide work related percentage of use (a diary of usage should be kept for a minimum of 4 weeks each year for substantiation requirements.)** | | |
|---|---|---|
| Item | Date purchased | Cost |
| | | $ |
| | | $ |
| | | $ |

**Thank you for completing the questionnaire.**