

TAX RETURN CHECKLIST



NAME _____

Occupation _____

Employer _____

Residential Address _____

Postal Address _____

Email Address _____

Phone Number _____

Bank Account Details: BSB: _____ **Account Number:** _____

Account Name: _____

The ATO will only issue refunds to a bank account. If bank account details are not provided we are able to have your refund paid into our Trust account and a cheque or cash issued. There is a \$10 fee for this service.

Please complete any items relevant to your situation

INCOME

PAYG Payment Summary _____

Please attach a copy of all Payment Summaries

The ATO may make these details available to us however it is best to confirm the ATO information where possible

Allowances _____

Please provide a brief description of each allowance received

Employer Lump Sum and Eligible Termination Payments _____

Please attach a copy of all Payment Summaries regarding these payments

Pensions, Super Lump Sums and Government Allowances _____

Include ComSuper, allocated pensions and government payments.

INCOME Continued

Interest Received 0

Please also include accounts held on behalf on children if applicable.

Dividends Received 0

Please note that dividends are included in your tax return based on the date they are paid (not the date they are declared).

Partnership and Trust Distributions 0

Please provide annual tax statement for trust distributions

Capital Gain or Loss 0

A sale of property or a sale of an investment (such as shares) often results in a capital gain or loss. Please provide both purchase and sale details.

Foreign Source Income 0

Please provide details.

Rental Income 0

Detailed Rental Property schedules are on page 6

Other Income 0

Please provide details of any other income.

DEDUCTIONS

Work-related Car Expenses 0

Car Make and Model
Registration Number
Engine Capacity

Either:

Total Work-related Kms Travelled 0
(up to 5000kms)

Or:

Year of Log Book & % of Work usage 0

Expenses

Petrol 0

Registration 0

Insurance 0

Repairs 0

Lease Payments 0

Other 0

DEDUCTIONS Continued

Other Work-related Travel 0

Please provide details. Receipts should be held for at least 7 years.

**Work-related Clothing
and Laundry** 0

Please provide details.

**Work-related Self-education
Expenses** 0

Include any education expenses relating to your work.

Other Work-related Expenses

Associations and Memberships 0

Conferences and Seminars 0

Union Fees 0

Books and Journals 0

Stationery 0

Computer Consumables 0

Protective Items 0

Home Office (hours per week) 0

Internet 0

Telephone 0

Other 0

Please include work-related percentage for any items that are not solely work-related

Interest and Dividend Deductions 0

e.g. Interest on loans used to purchase shares

Donations 0

Include amounts donated to school building funds.

Tax Agent Fees 0

Please also include details of kms travelled and other costs (e.g. parking/accomodation) incurred in seeing us.

Personal Super Contributions 0

Please provide details, amount and date of contribution.

Other Deductions 0

Include cost of income protection insurance.

DETAILS OF SPOUSE AND DEPENDANTS

Spouse 0

Name

Date of Birth

If Laterals not preparing Return we require the following:

Taxable Income

Reportable Fringe Benefits

Reportable Employer Super Contributions

Net Investment Loss

Net Rental Loss

Tax Free Government Pension

Dependant 1 0

Name

Date of Birth

Dependant 2 0

Name

Date of Birth

Dependant 3 0

Name

Date of Birth

Dependant 4 0

Name

Date of Birth

Please provide full names and dates of birth of all dependant children.

OFFSETS

**Superannuation Contributions
Made on Behalf of Your Spouse** 0

Please provide details.

Medical Expenses 0

From 2015–16 until 2018–19, claims for this offset are restricted to net eligible expenses for disability aids, attendant care or aged care.

Private Health Insurance Details

Name of Insurer

Date Joined

Family Members covered

Please provide a copy of the annual advice/summary from your private health fund.

HELP, HECS and SFSS Debt

Please provide a copy of the ATO statement, if you have any debt.

PAYG Instalments

If you have paid any PAYG instalments for this financial year, please provide quarterly or annual activity statements.

Any Other Relevant Information or Notes for Completion of Your Return

RENTAL PROPERTY DETAILS

Property 1	0	
Name on Title Deed		_____
Percentage Held		_____
Address of Property		_____
Date Purchased		_____
Date First Rented		_____

Property 2	0	
Name on Title Deed		_____
Percentage Held		_____
Address of Property		_____
Date Purchased		_____
Date First Rented		_____

Please provide a copy of the settlement statement for new properties purchased during the year. Also, contact Laterals for any additional information that may be required (e.g. Quantity Surveyor's Report for depreciation expenses) in relation to the new properties.

		Property 1	Property 2
Income			
Gross Rental Income	0	_____	_____
Other	0	_____	_____
Expenses			
Advertising	0	_____	_____
Agent's Fees and Commission	0	_____	_____
Bank Charges	0	_____	_____
Body Corporate Fees	0	_____	_____
Cleaning	0	_____	_____
Council Rates	0	_____	_____
Gardening	0	_____	_____
Insurance	0	_____	_____
Interest on Loans	0	_____	_____
Land Tax	0	_____	_____
Legal Fees	0	_____	_____
Pest Control	0	_____	_____
Repairs and Maintenance	0	_____	_____
Stationery, Phone and Postage	0	_____	_____
Stamp Duty (ACT properties only)	0	_____	_____
Travel Expenses	0	_____	_____
Water Rates	0	_____	_____
Other (incl. any additions to property)	0	_____	_____

Please attach a copy of the agent's summary, if applicable.