## **2016 INDIVIDUAL CLIENT TAX RETURN CHECKLIST**

For year ended 30th June 2016

## **IMPORTANT NOTE - WORKFLOW MANAGEMENT**

As Tax Returns are usually not due for lodgment until after March 2017, please advise: a. Is your Return required urgently (in peak period August / December there is a six to eight-week turnaround)? Yes □ No ☐ (refer B) b. If not required urgently, indicate period that would be suitable: 9 − 15 weeks □ 16 − 24 weeks □ Any time before Due Date To confirm the exact due date for lodgment of your tax return, please contact your client manager. NAME: **OCCUPATION:** PHONE NO. DAYTIME: **AFTER HOURS: EMAIL ADDRESS: TAX FILE NUMBER** NAMES OF DEPENDENT CHILDREN AND SPOUSE **DATE OF BIRTH BANK DETAILS (FOR REFUNDS): BSB**: **ACCOUNT NAME ACCOUNT** NUMBER INCOME: 1. **PAYG Payment Summary** (including pensions) Yes □ No □ Number of certificates attached 2. Other Salary income: (includes any directors' fees, commissions etc.)

3.	<ol> <li>Termination Payments (if you received a lump sum termination please provide Employment Termination Statement – ETP Statement)</li> </ol>					provide Employment
	Applicable		Yes	No		
4.	Drawings from	n Superannuation I	Fund			
		60 years old as at Jur fund please provide d		eived pen	sions or lump	sums from your
	, ,	received on your bar	·	ome rece	eived	
	oudo provido dop	Jos of Bank Stateme	Total Interest			
	Name of Bank	Account No.	Received \$	TFN W	/ithholding \$	% of Ownership?
lf r	more accounts ea	I rned interest during th	le year, please com	plete attac	ched <u>schedule</u>	<u>.                                    </u>
	<ul> <li>Dividends         Please provide copies of dividend statements for dividends paid during the period 1/7/15 to 30/6/16. Note: if you have a dividend reinvestment plan (DRP), which means you do not physically receive the money but purchase more company shares, the dividend amount is still income and must be declared in your return. Please complete the attached schedule.     </li> <li>Trusts and Partnerships: (For example BT funds, Merrill Lynch, AXA etc. and privately owned trusts such as family trusts). List the name of trusts or partnerships and please provide Annual Tax</li> </ul>					
	Statements from	public entities or dist	ribution statements	from priva	te entities.	

8.	<b>Capital Gain</b> : Did you sell any assets such as shares or property which were acquired on or after 20 September 1985?					
	Applicable Yes No No					
	If yes, then please provide documentation of when it was purchased / cost and also documents on sale / funds received etc.					
9.	<b>Rental Income</b> : Please attach details of the rent received and all expenses in their separate categories. Please supply settlement sheets and purchase documents for property acquired on or after 1 <sup>st</sup> July 2015. Should you require the services of a Quantity Surveyor for a depreciation report please contact your client manager for a referral/form of the firm we use.					
	List your rental properties below and attach all supporting information regarding income and expenses for each: -					
10	Any other income: (Any income you received in the financial year which doesn't fit into any of the above categories - please provide details.)					
D	EDUCTIONS: Please ensure you are able to substantiate all claims, even if less than \$300.					
1.	Motor Vehicle: Did you use your own car for business / work purposes through the year:					
	Yes No No					
	If yes, please provide information for one of the following methods chosen (1.1 or 1.2): -					
	1.1 Log Book Method – Business % use (please ensure you keep a log book for a continuous period of 12 weeks. In general, a log book will remain valid for 5 years.)					
	Please specify the business %:					
	Car price and GST amount: \$					
	Please provide details of all expenses you incurred over the financial year including fuel, repairs / maintenance, registration / insurance etc.					

you had a lease for your vehicle, please provide figures of your lease payments.  2 Kilometres Method: You haven't kept a log book but use your car for work. Let us know how illometres you would have travelled for work. The maximum the tax office allows you to cl ,000 kilometres.  illometres travelled:    Dither Work Related Deductions. (Any costs you incurred that directly related to your job) release provide receipts or statements showing expenditure.    \$ Dues & subscriptions paid to work related bodies. (i.e. business and professional associations)    Home office expenses	If you have a hire purchase, please provide a copy of the purchase contract.  If you had a lease for your vehicle, please provide figures of your lease payments.					
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\$	Please provide receipts or statements showing expenditure					
<u> </u>		\$				
Gifts / Donations to specified charities / school huilding fund	Gifts / Donations to specified charities / school building fund	Ψ				
	Sickness & accident insurance / income protection					

	Cost of managing tax affairs	
	Interest or fees paid related to your investment income	
. <i>C</i>	Oo you have a HELP, HECS or SSL debt? Yes	No 🗌
. <b>C</b>	<b>Other</b> : Please provide details.	
-		
_		
_		
-		
RE	BATES:-	
) <i>F</i>	Private Health Insurance: -	
,	o you have private health insurance Yes	No □
	s, please provide us with a copy of the health fund statement sent to you	
	cial year	
2) S	Spouse	
•	Did you have a spouse for the full financial year Yes	No 🗌
•	If part year: Start date: End date:	
•	What date was your spouse born?/	
•	What is your spouses' taxable income?	
•	Did your spouse receive any reportable fringe benefits?	_
•	Did your spouse receive any pension payment? Please give details a	nd amount.
_	Did your spouse receive any reportable employer superannuation cor	atributiono?
•	Did your spouse receive any reportable employer superannuation cor	ittibutions?
) S	Superannuation:	
ı	f you are self-employed, please provide details of contributions you mor the financial year.	ade to your superannuation
	or the tinancial vear	

	Have you made superannuation contributions on behalf of your spouse?				
4)	<b>Medical Expenses</b> : You may be entitled to a rebate if you had expenses relating to disability aids, attendant care or aged care.				
	You are generally entitled to a 20% rebate on the amount over the \$2,265 threshold. However, if you have an adjusted income above \$90,000 (if single at June 30, 2016) or \$180,000 (if couple or family at June 30, 2016), you are only entitled to a 10% rebate on amounts over the \$5,343 threshold.				
	Please provide a summarised total of your expenses (the out of pocket amounts only).				
5)	OTHER: Any other information which you are unsure of, or which you would like us to be aware of:				

## **INTEREST RECEIVED**

Name of Bank	Account No.	Total Interest Received \$	TFN Withholding \$	Joint Account?
TOTAL				

## **DIVIDENDS RECEIVED**

Name of Company	<u>Unfranked</u> <u>Amount</u>	<u>Franked</u> <u>Amount</u>	Imputation Credit	TFN Tax withheld
Total				