2025 INDIVIDUAL CLIENT TAX RETURN CHECKLIST

For year ended 30th June 2025

To confirm the exact due date for lodgment of your tax return, please contact our office.

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. Income statements (formerly known as Payment Sur	mmaries) Yes 🗌 No 🗍
Number of Income Statements:	
We will have access to Income Statements from the A	ΓΟ portal and confirm.
2. Employee Share Schemes	
Did you receive any shares as a result of an employee s	share scheme?
	Yes ☐ No ☐
If so, please provide details and any documentation red	ceived from your employer.

3.		ayments (if you recei ement – ETP Stateme	•	ination please provide	: Employment
4.	If you are under	Superannuation F 60 years old as at Jur tion fund please prov	ne 30, 2025, and rece	ived pensions or lump	sums from
	We will confirm	received on your ban with ATO as to wha ies of bank stateme	at has been reported	d by your bank me received only if T	FN not quoted
	Name of Bank	Account No.	Total Interest Received \$	TFN Withholding \$	% of Ownership?
If	more accounts ear	ned interest during th	e year, please compl	ete attached <u>schedule</u>	2.
6.	Only provide co for ie where TF means you do n	'N is not quoted . No	atements for dividen ote: if you have a div the money but purch	m) Ids which the ATO d Vidend reinvestment Inase more company s	t plan (DRP), which
7.	such as family tru	• `	trusts or partnerships a	Lynch, AXA etc. and p and please provide And atities.	•
8.	valued at more th or after 20 Septer Applicable	an \$10,000 or collectanber 1985? se provide documenta	ables purchased for n	oroperty (including per nore than \$500) which No urchased / cost and al	n were acquired on

categories. P 1st July 2024. newly acquire	Dime : Please attach details of the rent received and all expenses in their separallease supply settlement sheets and purchase documents for property acquired on or after Should you require the services of a Quantity Surveyor for a depreciation report for ed property please contact us. Please ask us for a rental worksheet.
	ncome : (Any income you received in the financial year which doesn't fit into any of the pries - please provide details ie government grants, etc)
above catego	
EDUCTIC	ONS: Please ensure you are able to substantiate all claims, even if less than \$300. Cole: Did you use your own car for business / work purposes through the year:
EDUCTIC Motor Vehi	ONS: Please ensure you are able to substantiate all claims, even if less than \$300.
EDUCTION Motor Vehic Yes If yes, please	ONS: Please ensure you are able to substantiate all claims, even if less than \$300. Cole: Did you use your own car for business / work purposes through the year: No □
EDUCTION Motor Vehic Yes	ONS: Please ensure you are able to substantiate all claims, even if less than \$300. **Cle: Did you use your own car for business / work purposes through the year: No provide information for one of the following methods chosen (1.1 or 1.2): -
EDUCTIC Motor Vehi Yes If yes, please MAKE: Did you mai	ONS: Please ensure you are able to substantiate all claims, even if less than \$300. Cole: Did you use your own car for business / work purposes through the year: No provide information for one of the following methods chosen (1.1 or 1.2): -
EDUCTION Motor Vehi Yes	ONS: Please ensure you are able to substantiate all claims, even if less than \$300. Cle: Did you use your own car for business / work purposes through the year: No provide information for one of the following methods chosen (1.1 or 1.2): - MODEL: Intain a logbook for this vehicle and it is not older than 5 years?
EDUCTION Motor Vehi Yes	ONS: Please ensure you are able to substantiate all claims, even if less than \$300. **Cle: Did you use your own car for business / work purposes through the year: No **provide information for one of the following methods chosen (1.1 or 1.2): - MODEL: **Intain a logbook for this vehicle and it is not older than 5 years? **provide information for one of the following methods chosen (1.1 or 1.2): - MODEL: **Intain a logbook for this vehicle and it is not older than 5 years? **provide information for one of the following methods chosen (1.1 or 1.2): - MODEL: **Intain a logbook for this vehicle and it is not older than 5 years? **provide information for one of the following methods chosen (1.1 or 1.2): - MODEL: **Intain a logbook for this vehicle and it is not older than 5 years? **provide information for one of the following methods chosen (1.1 or 1.2): - MODEL: **Intain a logbook for this vehicle and it is not older than 5 years? **Provide information for one of the following methods chosen (1.1 or 1.2): - MODEL:

Please describe the activities that require you to use your car for work purposes.

If the vehicle is only used to take you to work and back home again, then it may not be claimable

	Please provide details of all expense	es you incurred over the financial year:	
a.	Fuel:\$		
b.	Registration:		
C.	Insurance premium paid:\$		
d.	Services/Maintenance:\$		
e.	Interest on Loan:\$		
f.	Other:\$	_Include a description of the expense	

If you have a loan for the vehicle, please provide details of the interest you paid over the year and the cost of the car. 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. 1.2 Kilometres Method: You haven't kept a logbook but use your car for work. Let us know how many kilometres you would have travelled for work. The maximum the tax office allows you to claim is 5,000 kilometres, but you must be able to prove that you travelled more than 5000kms. Total work Kilometres travelled: 2. Other Work Related Deductions. (Any costs you incurred that directly related to your job) Please ensure you have receipts or statements showing expenditure. \$ Union Dues & subscriptions paid to work related bodies, (i.e. business and professional associations) Provide a list with amounts. Working from home – see below for more information ATO factsheet Provide the number of hours you worked from home Licences/Registration and Certificates Professional or trade reference books, technical journals & periodicals Tools & Equipment including mobile phones, laptops and tablets (Provide a list of the items with cost and date of purchase) Seminar costs or self-education Title of course Work Related Communications Costs (if separate from working from home) a) mobile phone b) internet costs

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Work uniform costs (must have business logo, be occupation specific or

Any other expenses not included above. Provide a list showing nature of

Travel expenses other than MV such as parking and tolls, provide

be protective clothing)

amounts for each

Work stationery, postage, office items

expense, cost and date of purchase

3.Other Deductible Expenses.

Please provide receipts or statements showing expenditure

		\$	
Gifts / Donations to specified charities / school building fund			
Sickness & accident insurance / income protection – please provide statement from your insurance provider showing the breakdown of t premiums into amounts paid for an income component and non-incomponent.	he		
Cost of managing tax affairs			
Interest or fees paid related to your investment income			
Do you have a HELP, HECS or SSL debt?	Yes	No 🗌	
Are you non resident for Australia for income tax purposes?	Yes	No 🗌	
5. If Yes to Q4 and Q5 – please provide details of your overseas income converted into Aust Dollar			
Other: Please provide details.			
·			

REBATES:-

1) Private Health Insurance: -						
Do you have private health insurance	е	Yes	No 🗌			
If yes, your fund will provide the ATO wi	th a Tax Statement which	we will confirm				
Name of fund:		_				
Did you and all your dependants, includi the 2025 financial year? (1.7.2024 – 30.		ve private hospi	tal cover for the whole of			
tile 2025 ililaliciai yeai ! (1.7.2024 – 30.	00.2023)	Yes	No 🗌			
2) Spouse						
Did you have a spouse/partner for	or the full financial year	Yes	No 🗌			
If part year: Start date:/	/ End date: _					
What date was your spouse/part	ner born?//					
What is your spouses'/partner's to	taxable income?					
Did your spouse/partner receive any reportable fringe benefits?						
Did your spouse/partner receive any pension payment? Please give details and amount.						
Did your spouse/partner receive any reportable employer superannuation contributions?						
 Do you consent to use part or all of your 2025 tax refund to repay your spouse's Family Assistance debt? 						
If Yes, provide spouse/partner C	entrelink's customer refe	rence number de	etails			
3) Superannuation:						
Please provide details of contributions you made to your superannuation for the financial year.						
Have you made superannuation contributions on behalf of your spouse/partner?						
4) OTUED: Any other information which	h vou are uncure of ar w	hich you would l	iko us to bo awara af			
4) OTHER: Any other information which	n you are unsure or, or w	mon you would i	ine us to be awale of.			

DIVIDENDS RECEIVED only if TFN not quoted

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