2024 INDIVIDUAL CLIENT TAX RETURN CHECKLIST

For year ended 30th June 2024

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

ME: 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.				
INCOME:				
1. Income statements (formerly known as Payment St	ummaries) Yes No			
Number of Income Statements:				
We will have access to Income Statements from the ATO portal and confirm.				
2. Termination Payments (if you received a lump sur Termination Statement – ETP Statement) Applicable Yes	m termination please provide Employment ☐ No ☐			
Applicable 163 [
3. Drawings from Superannuation Fund If you are under 60 years old as at June 30, 2024, and received pensions or lump sums from your superannuation fund please provide details below.				

4. Interest (money received on your bank accounts)
We will confirm with ATO as to what has been reported by your bank

Please provide copies of bank statements confirming income received only if TFN not quoted

Total Interest

Name of Bank	Account No.	Received \$	TFN Withholding \$	% of Ownership?				
more accounts ear	rned interest during th	e year, please comple	ete attached <u>schedule</u>	<u>.</u>				
Only provide co for ie where TF means you do n	O will have records opies of dividend sta in is not quoted. No not physically receive come and must be de-	atements for dividen ote: if you have a div the money but purch	ds which the ATO d	t plan (DRP), which				
trusts such as fa	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 Statements from public entities or distribution statements from private entities.							
valued at more the or after 20 Septe Applicable	se provide documenta	tables purchased for r	more than \$500) whic	h were acquired on				
Please provide details on any asset disposals to discuss:								

for each: -	properties below and attach all supporting information regarding income and expenses
Any other inc	
Any other inc	
•	come : (Any income you received in the financial year which doesn't fit into any of the es - please provide details ie government grants, etc.)
	S: Please ensure you are able to substantiate all claims, even if less than \$300.
	e: Did you use your own car for business / work purposes through the year: No
If yes, please pr	rovide information for one of the following methods chosen (1.1 or 1.2): -
MAKE:	MODEL:
	hod – Business % use (please ensure you keep a log book for a continuous period of 12 l, a log book will remain valid for 5 years.)
Please spec	cify the business %:
Car price an	nd GST amount: \$
	details of all expenses you incurred over the financial year including fuel, repairs / egistration / insurance, interest on loans etc.

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

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be protective clothing)

amounts for each

Work stationery, postage, office items

expense, cost and date of purchase

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

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

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 th premiums into amounts paid for an income component and non-incorcomponent.			
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 🗌	
If Yes to Q4 and Q5 – please provide details of your overseas income converted into Australian Dollar			
	converted into A	Australian	
	converted into A	Australian	
	converted into A	Australian	
	converted into A	Australian	
	converted into A	Australian	
	converted into A	Australian	
Dollar	converted into A	Australian	
Dollar	converted into A	Australian	
Dollar	converted into A	Australian	
Dollar	converted into A	Australian	
Dollar	converted into A	Australian	

REBATES:-

1)	Private Health Insurance: -						
	Do you have private health insurance Yes ☐ No ☐						
lf y	es, your fund will provide the ATO with a Tax Statement which we will confirm						
Na	ne of fund:						
	you and all your dependants, including spouse or partner, have private hospital cover for the whole of						
the	2024 financial year? (1.7.2023 – 30.06.2024) Yes ☐ No ☐						
۵,							
2)	Spouse						
	▶ Did you have a spouse/partner for the full financial year Yes ☐ No ☐						
	If part year: Start date:// End date://						
	What date was your spouse/partner born? / / / /						
	What is your spouses'/partner's 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 2024 tax refund to repay your spouse's Family Assistance debt? 						
	If Yes, provide spouse/partner Centrelink's customer reference number details						
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?							

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4) OTHER: Any other information which you are unsure of, or which you would like us to be aware 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				