

2017 Individual Tax Return Checklist

Tick the box beside the items that apply to you

Client Name:

Income	Investment Property continued...
Foreign sourced income	<input type="checkbox"/> Date when property was purchased _____ <input type="checkbox"/>
Partnership distribution/s	<input type="checkbox"/> Settlement statement/s <input type="checkbox"/>
Personal services income	<input type="checkbox"/> Purchase/sale contracts <input type="checkbox"/>
Capital gains tax statements (details of assets sold)	<input type="checkbox"/>
Lump sum payments (e.g. eligible termination)	<input type="checkbox"/> Employment Related Deductions
Superannuation pension payment summaries	<input type="checkbox"/> Motor vehicle expenses:
Trust distribution statements	<input type="checkbox"/> a. Current log book percentage _____ and <input type="checkbox"/>
Tax statements from fund managers	<input type="checkbox"/> b. Running costs for the year _____ or <input type="checkbox"/>
Interest income	<input type="checkbox"/> c. Total work related km travelled _____ <input type="checkbox"/>
Share dividend statements	<input type="checkbox"/> Work-related travel expenses <input type="checkbox"/>
Tax statements from financial advisors	<input type="checkbox"/> Work-related clothing/laundry <input type="checkbox"/>
Payment summaries	<input type="checkbox"/> Work-related telephone calls <input type="checkbox"/>
Main occupation/title: _____	Subscriptions, union fees or professional memberships <input type="checkbox"/>
_____	Do you work from home? If so, please provide average number of hours per week _____ <input type="checkbox"/>
Investment Property	Books, journals or professional library expenses <input type="checkbox"/>
Rental income	<input type="checkbox"/> Other:
Land tax	<input type="checkbox"/> _____ <input type="checkbox"/>
Cleaning and general maintenance expenses	<input type="checkbox"/> _____ <input type="checkbox"/>
Water charges	<input type="checkbox"/> _____ <input type="checkbox"/>
Borrowing expenses	<input type="checkbox"/>
Capital costs	<input type="checkbox"/> Other Deductions
Interest on loans	<input type="checkbox"/> Superannuation (if self-employed) <input type="checkbox"/>
Agent/advertising fees	<input type="checkbox"/> Gifts/donations to charity <input type="checkbox"/>
Gardening/lawn mowing fees	<input type="checkbox"/> Deductible amount for pension/annuities <input type="checkbox"/>
Body corporate fees	<input type="checkbox"/> Purchase or repair of equipment used for work <input type="checkbox"/>
Details of when property was rented, including any rental or Agent's statements	<input type="checkbox"/> Self-education expenses (e.g. books, computer costs, car expenses) <input type="checkbox"/>
Council rates	<input type="checkbox"/> Income protection premiums <input type="checkbox"/>
Insurance premiums paid	<input type="checkbox"/> Finance statements on deductible borrowings <input type="checkbox"/>

2017 Individual Tax Return Checklist

Investment related items

Interest/fees on borrowing for investments

Asset purchase/sale contracts and settlement statements

Buy/sell statements

Offsets

☐ Superannuation pension rebates

☐ Private health insurance statement

☐ Medical receipts (if spent more than \$2,299)*

For new clients

Last year's tax return

Last year's accounting fees

Children's names and DOB

☐

☐

☐

Bank account details (in case of refund)

Account Name:

BSB: _____ Account Number: _____

Additional Notes:

* Paid for medical expenses relating to disability aids, attendant care or aged care.