



YEAR END CHECK LIST - Individuals

To assist you with the completion of your income tax return/s - Please consider the items listed

Client Name

Banking Details - For direct deposit of refunds

The Tax Office require all refunds for the 2018 year to be deposited electronically into bank accounts

Account Name _____
BSB _____
Account Number _____

Spouse/Defacto Details, DOB, TFN, also income & expenses

Work Related

Payment summaries - from your Employer/s (attach)

Eligible Termination Payment Summaries (attach)

Employee Share Schemes

Work Related Deductions

Motor Vehicle - km travelled, expenses paid, speedo reading 30 June 2018

Details

Travel Expenses - Train/Air fares _____

Uniforms/Protective Clothing _____

Self Education (incl Seminar & Courses) _____

Work Related Expenses _____

Home office expenses _____

Telephone Expenses (Home & Mobile) _____

Tools of Trade _____

Union Fees _____

Stationery/Computer Consumables _____

Professional Memberships & Subscriptions _____

Journals, Periodicals & Newspapers _____

Teaching Aids _____

Income Protection insurance _____

Donations

Superannuation income streams (taxable, attach)

Details should include who the item relates to (taxpayer), a brief description and the amount.

Investment Income

Interest Received - Bank Accounts, Term Deposits, ATO

| Name of Bank | Account Number | Total Interest | TFN W'holding | Joint Account? Your portion? |
|--------------|----------------|----------------|---------------|---------------------------------|
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| | | | | |

Dividends Received - Reinvestments, Franked, Unfranked, Imputation Credits (attach)

| Share Details | Number of shares held | Franked Amount | Unfranked Amount | Franking Credits |
|---------------|-----------------------|----------------|------------------|------------------|
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Trust Distribution Tax Statements (attach)

Sale of Shares/Investments - Sale Documentation & Purchase Documentation (attach)

Rental Property

Details of Property (owners, address)

Total Costs

Annual agent statements (attach)

| | | | |
|-----------------------|----|-------|--------------------------|
| Rates | \$ | _____ | <input type="checkbox"/> |
| Insurance | \$ | _____ | <input type="checkbox"/> |
| Maintenance Costs | \$ | _____ | <input type="checkbox"/> |
| Body Corporate Fees | \$ | _____ | <input type="checkbox"/> |
| Land Tax | \$ | _____ | <input type="checkbox"/> |
| Interest/Loan details | \$ | _____ | <input type="checkbox"/> |

Government Rebates/Tax Paid

| | | | |
|---|----|-------|--------------------------|
| Personal Superannuation Contributions | \$ | _____ | <input type="checkbox"/> |
| Private Health Insurance Statement (attach) | | | <input type="checkbox"/> |
| Spouse Superannuation Contributions | \$ | _____ | <input type="checkbox"/> |
| Dependant Details | | | <input type="checkbox"/> |

Family Medical Expenses - exceeding \$2,299 after rebates (Medicare & Private Health Insurance). Only if your expenses are for disability aides, aged care or attendant care.
