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## Individual Tax Return Checklist

If you own a rental property, please refer to our *Rental Property Schedule* 

	PERSONA	L DETAILS		
Name:	Date of Birth:			
Phone No:	Occupation:			
Email Address:				
Home Address:				
Postal Address:		·		
	Full Name of Spouse:			
If Sky Accountants is not preparing your	Date of Marriage (if married during the year):			
please provide us with their taxable income as their income may be required to be recorded in your tax return.		Spouse's Date of Birth:		
		Spouse Taxable Income:		
		Spouse's reportable superannuation contributions:		
Number of dependent children:		Spouse's reportable	fringe benefits:	
Your Bank Account Details (to receive a	ny tax refund electroni	cally)		
BSB (Must be 6 digits)	Account Number		Account Name	
Would you prefer to pay directly for your re any potential refund you might be entitled to		r have it withheld from	Pay Direct	Please Withhold
	INCOME	DETAILS		
1. Income Summaries (Formerly know	n as Group Certificate	s / Payment Summaries)		Yes No
How many employers di	nis financial year?			
Did you receive a lump sum payment when leaving an employer this financial year?				Yes No
2. Other Salary Income (includes any	Other Salary Income (includes any directors' fees, commissions, tips etc.) Please provide details			
3. Government Payments (includes go	overnment allowances	and pensions		
Type of Payment	Type of Payment			Total Amount Received



## INCOME DETAILS

Type of Payment				Total A Rece	
nterest (money receive	ed on your bank accounts	1			
Name of Bank	Account No.	Total Interest Received	TFN Withholding	Joint Ac	cour
				☐ Yes	
	of dividend statements		Г <u>.</u>		
Name of Company	!	No. Shares Held	Amount Received	Joint Ac	_
				Yes	
				Yes Yes	
Employee Share Sche		umentation from your emp	loyer regarding any empl	oyee share sc	heme
ransactions you have b	d Partnership Income: F	Please provide documents	including Annual Tax Sta	itements or a c	сору
ransactions you have b Frust Distributions and	d Partnership Income: F		including Annual Tax Sta	itements or a c	ору
ransactions you have b	d Partnership Income: F return.	Please provide documents			сору
ransactions you have b  Frust Distributions and the trust/partnership tax  Capital Gain – Did you	d Partnership Income: F return.		property which were acqu		сору
ransactions you have b  Frust Distributions and the trust/partnership tax  Capital Gain – Did you	d Partnership Income: F return.	Please provide documents	property which were acqu		
ransactions you have b  Frust Distributions and the trust/partnership tax  Capital Gain – Did you September 1985? If yes	d Partnership Income: F return.	Please provide documents	property which were acqu	uired after 20	
ransactions you have b  Frust Distributions and the trust/partnership tax  Capital Gain – Did you beptember 1985? If yes applicable?  Foreign Income	d Partnership Income: Freturn.  sell any assets such as so, then please attach docu	Please provide documents	property which were acqu purchase and sale.	uired after 20	. [



# INCOME DETAILS

11.	Any Other Income (Any other income you received in the financial year which doe	esn't fit into any of t	he above categories.)		
,					
12.	Business Income (If you operate a business as a sole trader, please supply details	of your businesses	s income and expenses.)		
	DEDUCTION DETAILS				
clair	n the ATO increasingly scrutinizing personal tax deductions, it is important that conned are valid and that they can be fully substantiated. Please click on the <u>li</u> terstanding what deductions can be claimed and the record keeping requirements	nk to view the A1	ure that all tax deduction Os guidance to assist		
1.	Motor Vehicle – Did you use your own car for business/work purposes during the y	year?	Yes No		
	If yes, then please provide information for either (a) or (b) below.				
	(a) Log Book Method: Please provide details of all expenses you incurred over the categories:	ne financial year un	der the following		
	Expense Type		Amount		
	Fuel				
	Insurance				
	Registration				
	Services/Repairs				
	Loan Interest or lease payments (if applicable) – if you have hire purchase or lease please provide the paperwork				
	Other – please specify:				
	Log book %				
	Cost of vehicle and date of purchase Date:				
	When was your log book completed?//				
	(b) No Log Book: Let us know how many business kilometres you travelled during	g the year (up to 50	000 kms)		
	Kilometres: kms				
2.	<b>Travel Expenses</b> (Costs incurred for work related travel, including tolls, parking, p travel was overnight, meals or accommodation)	ublic transport, ve	hicle hire and, if your		
	Description	Α	mount		



## DEDUCTION DETAILS

Self-education Expenses (includes seminar HECS/HELP), depreciable items used for self			fees (except
Descriptio	n	A	mount
Other Work Related Deductions – please p	rovide details.		
	Description		Amount
Diary, stationery, work materials			
Jnion Fees / Professional Bodies			
Mobile phone			
Tools and equipment			
Income protection			
Subscriptions			
Other – please specify:			
Home Office Expenses – Do you work from	home at any time?		☐Yes [
f yes, please complete the table below. We wercentage work related use.	vill include a portion of these expenses	on your tax returr	n based on your
Number of hours spent on work related activit	ties at home:		
The ATO have changed the method for claim internet, etc can no longer be claimed separa when using the 'actual' method. Click the link	tely when using the 'fixed rate' method	. However, these	
nternet: per month \$	how much is work related?	% work r	elated use
Home phone: per month \$	how much is work related?	% work r	elated use
Mobile phone: per month \$	how much is work related?	% work r	related use
Computer & office equipment purchased:			
Furniture in home office:			
Any other expenses that may be eligible? e.g	. Files, cabinets, desk lamp, printing m	aterials etc.	



## DEDUCTION DETAILS

6	Interest	Ω	Dividond	Deductions
b.	Interest	~	Dividend	Deductions

	Description		Amou	nt
	Interest on loans to acquire shares			
	Cost of investment advisor			
	Reference Materials			
	Other – please specify:			
7.	Donations to Deductible Gift Recipients	Yes	□No	
	Name of Body	Amou	nt	
8.	Tax Agent Fees (from previous year):			
			_	
9.	Superannuation Contributions – Did you make a voluntary super contribution d	uring the financial ye	ar? ∐Yes	□No
	Were you looking to claim a deduction for this contribution?	Yes	□No	
	(If yes, please provide a copy of the letter from your superannuation fund co	onfirmina vour eliail	bility for this	deduction -
	we will require a copy of this on record before lodgement can be completed	)	,	
				П.,
	Have you made superannuation contributions on behalf of your spouse during the	financial year?	Yes	☐ No
10.	Other (Any costs that were directly related to your employment please provide de	etails)		
	Description	Ar	nount	
	TAX OFFSETS & REBATES			
1.	Do you have private health insurance?		Yes	□No
	Did you make any changes to your coverage during the financial year? If yes, pleat	ase provide details	Yes	□No
	and and and and and and and and			



OTHER INFORMATION			
Do you have a HELP liability (previously known as HECS debt?  Do you have a Student Financial Supplement Scheme (SFSS() debt?			□No □No
Were you an Australian resident for tax purposes for the entire year? <i>If no, please call to issue as residency is a potentially complex area.</i>	discuss this	Yes	No
Did you stop full-time education during the year?		Yes	□No
Did you live in a remote area or serve in the defense forces during the year?			☐ No
Other: List any other information which you are unsure of, or which you would like us to b	e aware of.		
Description	Am	nount	
Description	All	iouiit	

Thank you for completing our checklist. We will prepare your tax return based on the information you have provided to us. Upon receiving your information, we will contact you to discuss your tax return and to seek further information if necessary. Please send your information to us via any of the following methods

**Gisborne Office** 

**Ballarat Office** 

(03) 5428 1400

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