

Tax Return Checklist

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Name:

Date of Birth

Residential
Address:

Suburb

Post Code

Postal Address

As Above

Postal Address:

Postal Suburb

Post Code

Mobile Phone

Other Phone

e-mail Address

Year of Return

Occupation:

Recent
Resident

Yes
No

Date
Arrived

As the ATO will no longer issue refund cheques, you must provide your account details below:

Branch BSB

Account Number

Account Name

Income Details

1. Group Certificate / PAYG Payment Summaries

Total number attached for processing

Salary and Wages, Paid Parental Leave, Youth Allowance, Newstart, Sickness Allowance, Pensions, Super Benefits, Allowances, Termination Payments, Lump Sum Payments

2. Interest received from banks or building societies

Nil Interest

Bank

Account Number

Your Share of Interest

TFN Amount

Bank

Account Number

Your Share of Interest

TFN Amount

Bank

Account Number

Your Share of Interest

TFN Amount

3. Other Income

Dividends, Managed Funds, Foreign Interest,
Share Sales, Rental / Business Income etc

Number of Documents attached

Further
Information
or Details

Deductions and Expenses

Please remember if you are salary sacrificing any expenses you can NOT claim a tax deduction

1. Car Expenses

Set Rate Work travel of less than 5000km.
Please ensure you have maintained logbook or diary entries

Bus Kms
Travelled

Engine Size
(E.g.1600cc)

Vehicle Make

Vehicle Model

**Use Method
other than
Set Rate**

Logbook

1/3 Exp

12% of Cost

If using the **logbook method**, please ensure your logbook is up-to-date and provide details of the current business % along with a summary of your car expenses (fuel / rego / insurance etc)

Other Travel
Expense
Details

2. Uniform Expenses

Laundry claims are based on 50c per load when washing uniform items with other clothes, or \$1 per load when washing separately (Maximum \$150)

Please list details and amounts

3. Other Work Expenses

E.g. Sun Protection, Union Fees, Phone, Self Education, Home Office, Stationery, Subscriptions, Seminars, Books, Internet etc

Please list details and amounts

4. Gifts and Donations

Please list details and amounts

5. Other Deductions

E.g. Tax Agents Fees, Income Protection Insurance, Investment Loan interest etc

Please list details and amounts

Other Important Information

Private Health
Insurance

Please attach the end of financial year statement from your fund

HELP debt

SFSS debt

Spouse & Children's Details:

Together all
year?

Yes
No

If "No" Date
Separated

Spouse Name

Spouse Date of Birth

Taxable
Income

Reportable Fringe
Benefits

Reportable
Super

Investment /
Rental Loss

Please provide your Children's name, current age at 30 June, and total income earned

Further Information

Please provide details of any further information that may be relevant to your tax return

Child Support

I made a payment

Amount Paid

I declare that I have disclosed all income received for the financial year, and any claims for deductions included satisfy the relevant taxation legislation as I understand it:

Full Name

Date

Please indicate your preferred method of contact:

For Questions

e-mail
SMS
Fax

For Signing

e-mail
Fax
Post

Fax number if required

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