



2019 Individual Income Tax Return Checklist

Name: _____

Part A – Please answer & circle the following questions:

1. Did you have a Spouse for the 2019 Financial Year? **Yes / No**.....If Yes please answer the following:
Name: _____
Spouse's Date of Birth: _____
Spouse's Taxable Income: _____
2. Did you have a change in marital status during the income year? **Yes / No**
3. Did you and your spouse/dependents have private health insurance in the 2019 Income Year? **Yes / No**.....If Yes please provide the annual statement received from your health fund.
4. Could you please provide you and your spouse's most recent superannuation statement? **Yes / No**
5. Did you and your spouse/dependents have any Personal Insurance (Life, Total and Permanent Disability and or income) in place for the 2019 Financial Year
Yes / No..... If Yes please provide the annual statement provided by your health provider.
6. Do you have any dependents (Children up to the age of 21, full time students under the age of 25, parents or parents living in law) living with you?
Yes / No..... If Yes Please list the number of dependents _____
7. Have you had a change in occupation or started a new job during the income year? **Yes/ No**
8. Did you buy or sell any property or assets during the income year? (e.g. Shares, rental property, main residence) **Yes / No** If Yes please provide details _____

9. Was your last year's tax return prepared by a registered tax agent (other than our firm)
Yes / No..... If Yes, please provide a copy to our firm when sending in your documents
10. In the case of a refund are you able to please provide the following bank account details
Account Name: _____
BSB: _____
Account Number: _____



Part B – Please tick the relevant box

Income – Please provide evidence	Yes	No	Unsure
1. Salary or wages If answered yes please provide PAYG summaries for the year.			
2. Gross Interest If answered yes please provide the 30 th of June bank statements for all of your bank accounts			
3. Dividends If yes please provide your dividend statements for the year			
4. Distributions from partnerships and/or trusts If yes please provide relevant documentation			
5. Personal services income (PSI) If yes please provide relevant documentation			
6. Net income or loss from business (as a sole trader) If yes please provide relevant documentation			
7. Deferred non-commercial business losses If answered yes please provide relevant documentation			
8. Did you sell any capital assets during the year? (E.g. Land Real estate, shares?) If yes please provide the contact for the purchase and sale of the asset			
9. Rent If yes please refer to our Rental Checklist to ensure that you include all relevant documents.			
10. Other income (Please specify below)			



Deductions – Please provide evidence	Yes	No	Unsure
D1. Work related car expenses			
– Cents per kilometre method (up to a maximum of 5,000 kms)			
– Log book method			
D2. Work related travel expenses			
Employee domestic travel with a reasonable travel allowance			
– If the claim is more than the reasonable travel allowance rate, do you have receipts for your expenses?			
Employee without a reasonable travel allowance			
Other work-related travel expenses – If answered yes please provide receipts <i>(Please specify)</i>			
D3. Work related uniform and other clothing expenses – If answered yes please provide relevant receipts			
Protective clothing			
Occupation specific clothing			
Uniform			
Dry cleaning expenses			
Other claims			
D4. Work related self-education expenses – If answered yes please provide relevant receipts			
Course taken at educational institution:			
– Union fees			
– Course fees			
– Books, stationery			



– Other (please specify)			
D5. Other work-related expenses – If answered yes please provide relevant receipts and documents			
Home office expenses			
Computer and software			
Telephone/mobile phone			
Tools and equipment			
Subscriptions and union fees			
Journals/periodicals			
Other types of deductions – If answered yes please provide relevant receipts and documentation.			
D6. Low value pool deduction			
D7. Interest deductions			
D8. Dividend deductions			
D9. Gifts or donations			
D10. Cost of managing tax affairs			
D12. Personal superannuation contributions			
D15. Other deductions (please specify)			

Additional Client Notes

Signed.....

Date.....