

TAX CHECKLIST

	Internal Use only		
Year:			
	YES / NO * Check Address		
Clients Name:	YES / NO * Check Date Of Birth		
Bank Details (For deposit of refunds)	YES / NO * Check Spouse details properly linked		
	YES / NO *Tick the appropriate items for the taxpayer		
	YES / NO * Get appropriate worksheets		
Bank Acc Name:	YES / NO *Highlight items that may be applicable but we ar eunsure	e ab	
BSB:			
Ann Number	Spauco Namo & D.O.P.		

CIRCLE		Details	(Detail or leave for Accountant)
(As Appropriate)	Income	Downs	(_Stan 6. Isaa 15. Accountancy
YES / NO	1. Salary or Wages		
YES / NO	2. Allowances, earnings, tips, directors fees etc.		
YES / NO	3. Lump Sum Payments		
YES / NO	4. Termination Payments		
YES / NO	5. Government Allowances & Payments		
YES / NO	6. Aust. Govt. Pensions & Allowances		
YES / NO	7. Other Pensions & Annuities (inc. super income stream)		
YES / NO	8. Super Lump Sum Payments		
YES / NO	9. Attributed PSI		
YES / NO	10. Gross Interest - see worksheet		
YES / NO	11. Dividends - see worksheet		
YES / NO	12. Employee share scheme		
YES / NO	13. Partnerships & Trusts income		
YES / NO	14. Personal Services Income		
YES / NO	15. Net Income or Loss from Business		
YES / NO	16. Deferred Non Commercial Business Losses		
YES / NO	17.Net Farm Management Deposits or Repayments		
YES / NO	18. Capital Gains		
YES / NO	19. Foreign Entities		
YES / NO	20. Foreign Income		
YES / NO	21. Rent		
YES / NO	22. Bonuses from Life Insurance & Friendly Societies		
YES / NO	23. Forestry Managed Investment Scheme Income		
YES / NO	24. Other Income		
	<u>Deductions</u>		
YES / NO	D1. Car Expenses		
YES / NO	D2. Travel Expenses		
YES / NO	D3. Clothing Expenses		
YES / NO	D4. Education Expenses		
YES / NO	D5. Other Expenses		
YES / NO	D6. Low Value Pool Deduction		
YES / NO	D7. Interest deductions		
YES / NO	D8. Dividends deductions		
YES / NO	D9.Gifts & Donations		
YES / NO	D10.Cost of Managing Tax Affairs		
YES / NO	D11. Deductible amount undeducted purchase price foreign		
YES / NO	D12. Personal deductible Super Contributions		
YES / NO	D13. Deduction For Project Pool		
YES / NO	D14. Forestry Managed Investment Scheme Deduction		
YES / NO	D15. Other Deductions		
YES / NO	L1. Tax Losses		
	Tax Offsets		
YES / NO	T1. Seniors & Pensioners(includes self funded retirees)		
YES / NO	T2. Australian Superannuation Income stream offset		
YES / NO	T3. Super Contributions on behalf of your Spouse		
YES / NO	T4. Zone or Overseas Forces		
YES / NO	T5. Dependant (invalid and carer)		
YES / NO	T6. Land Care and Water Facility		
	1		
YES / NO	T7. Other Non Refundable Tax Offsets		

	Medicare				
YES / NO	M1. Reduction or Exemption from Medicare Levy				
YES / NO	Medicare Levy Surcharge				
YES / NO	(H) Private Health Insurance Policy Details				
	Adjustments/Credits				
YES / NO	A1.Under 18				
YES / NO	A2. Part Year Tax Free Threshold				
YES / NO	A3. Government Super Contributions				
	Spouse Details				
YES / NO	(SD) Spouse Details - Married or Defacto				
	Spouses taxable income				
	Other				
YES / NO	Reportable Fringe Benefits				
YES / NO	Reportable Employer Super				
YES / NO	PAYG Instalments				
	HECS-HELP &SFSS				
YES / NO		•			
	NCOME: <u>YOUR SHARE ONLY</u>				
	NCOME: YOUR SHARE ONLY Account Number	Sighted Original Docs.	TFN W/H Tax	Amount - Your Share	Joint - YES / N
TEREST I		Sighted Original Docs. YES / NO	TFN W/H Tax	Amount - Your Share	Joint - YES / N

Bank	Account Number	Sighted Original Docs.	TFN W/H Tax	Amount - Your Share	Joint - YES / NO
		YES / NO			YES / NO
		YES / NO			YES / NO
		YES / NO			YES / NO
		YES / NO			YES / NO
		YES / NO			YES / NO
		YES / NO			YES / NO

DIVIDEND INCOME: YOUR SHARE ONLY

ORIGINAL SIGHTED	NAME OF COMPANY	UNFRANKED	FRANKED	FRANKING CREDITS	JOINT Yes/No
YES / NO					YES / NO
YES / NO					YES / NO
YES / NO					YES / NO
YES / NO					YES / NO
YES / NO					YES / NO
YES / NO					YES / NO

YES / NO					YES / NO
YES / NO					YES / NO
NOTES:					
I confirm that I my income tax	have supplied all relevant documentation to Jeffkir return.	ns Accountancy &	Business S	colutions to correctly pro	epare e
I understand th	at the information I have supplied forms the basis	for the preparatio	n of my retu	rn and confirm that the	information

outlined in this checklist is true and correct.

SIGN:			
PRINT NAME:			