

2017 Income Tax Return Checklist

Name: _____

Address: _____

Contact No: _____

Email: _____

INCOME

- 1** Number of PAYG Payment Summaries Attached:
- 2** Number of Employment Termination Payments Attached:
- 3** Did you receive any Interest Income during the year? Yes No
(If yes, please complete below - ONLY INCLUDE YOUR SHARE. If unsure, please attach bank statements)

Bank	Branch	Account Number	Amount \$

- 4** Did you receive any Dividend Income during the year? Yes No
(If yes, please complete below - ONLY INCLUDE YOUR SHARE. If unsure, please attach dividend statements)

Company	Unfranked \$	Franked \$	Imp Credit \$

- 5** Did you dispose of any shares during the 16/17 Financial Year? Yes No
(If yes, please attach Buy/Sell Contract Notes)
- 6** Did you receive a Distribution from a Partnership or Trust? Yes No
(If yes, please attach Annual Tax Statements or Tax Returns)
- 7** Did you receive any Rental Income? Yes No
*(If yes, please also complete the **Rental Property Checklist**)*
- 8** Did you receive any Government Pensions? Yes No
(If yes, please attach payment summaries)
- 9** Did you receive any Foreign Income? Yes No
(If yes, please provide details E.g. Income, Assets/Property etc)

Details	Amount \$	Foreign Tax Paid

(Income continued on the following page)

INCOME - continued

- 10** Did you receive any other Income? Yes No

(If yes, please provide details. E.g. Royalties, Employee Share Schemes, Managed Fund Annual Tax Statements)

Details	Amount \$

DEDUCTIONS

- 11** Did you use your vehicle for work related travel during the year? Yes No

(If yes, complete below)

Cents per Kilometre Method (Max 5,000 kms) _____ Work kms travelled

Where travel has exceeded 5,000kms please include details of all motor vehicles expenses incurred and your business usage percentage (determined via the use of a log book over a continuous period of 12 weeks)

- 12** Did you incur an expense for any other Work Related Travel? Yes No

To/From Dates	Total Cost \$	# Nights	# Meals	Receipts	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Where costs exceed the reasonable allowance and a receipt is held, the actual cost will be claimed. Where receipts are not held, a claim will be made based on the ATO Reasonable Allowance.

- 13** Did you incur any work related uniform*, clothing, laundry, tools & equipment and/or dry cleaning expenses? Yes No

Details	Cost \$	Receipts	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

* **Note: This is a uniform, either compulsory or non-compulsory that is unique and distinctive to the organisation for whom you work.**

- 14** Did you have any self education expenses relating to your job? Yes No

Expense (Travel, fees, books, journals, stationery etc)	Cost \$	Receipts	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

What was the connection between your employment and your study?

(Deductions continued on the following page)

DEDUCTIONS - continued

- 15** Did you incur any other work related expenses? Yes No

Date	Description	Cost \$
	Professional development courses	
	Professional memberships and subscriptions	
	Professional journals/trade magazines	
	Home office expenses	
	Depreciable Assets bought during year (i.e. Laptop)	
	Income Protection insurance premiums	
	Mobile Phone Expenses	

Note: Receipts must be held

- 16** Did you incur any interest or bank charges in relation to an investment, or did a financial institution deduct any TFN Withholding tax from Interest Income? Yes No

Details	Amount \$

- 17** Did you make any donations of \$2 or more? Yes No

Recipient	Amount \$

- 18** Did you make a personal deductible concessional contribution in the 2017 financial year? Yes No

Note: In order to claim a deduction in your 2017 tax return, you need to have completed a 'Notice of Intent to Claim' form and submitted it to your super fund before the lodgment of your 2017 tax return or by the end of the following financial year in which the contribution was made (e.g. made in 2016/17, submit by 30 June 2018).

- 19** Do you have an outstanding HELP/SFSS Debt? Yes No
(If yes, please attach your Schedules from ATO)

Loan Type	Year Student Loan Taken:	Amount \$
HELP / SFSS		
HELP / SFSS		

TAX OFFSETS

- 20** Did you pay any Child Support? Yes No

Total Amount Paid

\$

- 21** For the whole of 2016-17, did **you and all of your dependants** have private patient hospital cover? Yes No

Note: If you have a dependant spouse and/or dependant children, you are required to have couples or family cover to ensure all of your dependants are covered.

(If yes, attach Private Health Fund Statement)

