Individual Checklist

CLIENT DETAILS (please provide details where changes have occurred)

TAX FILE NUMBER: … … … / … … … / … … … ABN: … … … … … … … … … … … …

NAME: Mr/Mrs/Ms/Miss …….

RESIDENTIAL ADDRESS……..
POSTAL ADDRESS…….
Has your postal address changed since last lodging a tax return? YES NO
TELEPHONE NUMBER: (H) … … … … … … … … … … … (W) … … … … … … … … … …
E-MAIL : … FAX … … … … … … … … … …

DATE OF BIRTH: ……/……/……

OCCUPATION:……..

NAME OF SPOUSE/DE FACTO:…….
If married/de facto in 2009/2010, what date did this occur: ……/……/……

INCOME (please provide details where appropriate)

PAYG Summaries (previously known as Group Certificates)		**YES NO**
Pensions/Allowances details (Centrelink statements)		**YES NO**
Details of interest earned for 2097/10 (Bank Statements, Farm Management Deposits)		**YES NO**
Summary of dividends received and dividend reinvestments for 2009/10 (Dividend Slips)		**YES NO**
Details of Managed Funds distributions received (Final distribution may not be received until July/August 2010). *Please supply the Annual Consolidated Tax Distribution Statement when available.*		**YES NO**
Rental Properties	- income and expense details - plant purchases and/or sales (including dates, amounts) - please supply a copy of the Managing Agents Statement, if managed.	**YES NO**
Capital Gains	- sale of any shares and/or managed funds, units or other property (purchase & sale documents including cost base details, date of purchase) - details of plant & equipment purchased / sold	**YES NO**
Eligible Termination Payments (ETP's) & Rollover Statements		**YES NO**
Other Income – including contracts, consultancy, royalties, lump sums, foreign income.		**YES NO**

DEDUCTIONS

Details of Work Related Expenses - Self education - Car (including logbook, kilometres travelled and finance contracts) - Travel Itineraries / diaries for interstate / overseas travel - Uniform, laundry, dry cleaning - Other – Union fees, trade magazines, sunscreen lotion, sunglasses (if work in the sun) - Income Protection Insurance	**YES NO**
Investment Related Expenses (eg Bank Fees & Financial Advice)	**YES NO**
Primary Producers - Farm Management Deposits *Provide us with a list of all Farm Management Deposits held by each person and with which financial institution these are held.*	**YES NO**
Donations	**YES NO**

OTHER DETAILS

Centrelink benefits received - please provide full details.	**YES NO**
If you received Family Tax Benefits, what did you advise Centrelink/Family Assistance Office your taxable income levels would be? You: $……. Your Spouse: $…..…….. *What is the current level of benefit you are receiving? $…….. per week / fortnight / quarter / annum* *Were FTB's claimed for the full year, if not when? ……/……./…….. to ……./……./…….*	**YES NO**
Spouse and dependent details (name, date of birth, taxable income)	**YES NO**
Private Health Statement – please supply the Statement as provided by your Fund at year end	**YES NO**
Medical Expenses (if net paid greater than $1,500 excluding Health Fund Premiums) These may be accessed by contacting your health provider and Medicare ph: 13 20 11	**YES NO**
Personal Superannuation Contributions (amount, date, fund, member no)	**YES NO**
Please supply the letter from the fund acknowledging that a tax deduction has been claimed for the contribution ("Sec 82AAT Acknowledgment Advice")	**YES NO**

DIVIDEND & INTEREST LIST

Company	Date	No. Held	Unfranked	Franked	Imp Credit	W/h Tax	DRP

Bank Account Name	Bank Account Number	Interest Amount earned
1.		
2.		
3.		
4.		
5.		
6.		

How can we improve this form? Please let us know as your feedback is valuable to us.

Copy of this form is available from our Website.