



YEAR END CHECK LIST - Individuals

To assist you with the completion of your income tax return/s - Please consider the items listed

Client Name	
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Banking Details - For direct deposit of refunds

The Tax Office require all refunds for the 2017 year to be deposited electronically into bank accounts

Account Name _____
BSB _____
Account Number _____

Spouse/Defacto Details, DOB, TFN, also income & expenses

Work Related

Payment summaries - from your Employer/s (attach)

Eligible Termination Payment Summaries (attach)

Employee Share Schemes

Work Related Deductions

Motor Vehicle - km travelled, expenses paid, speedo reading 30 June 2017

Details

Travel Expenses - Train/Air fares _____

Uniforms/Protective Clothing _____

Self Education (incl Seminar & Courses) _____

Work Related Expenses _____

 Home office expenses _____

 Telephone Expenses (Home & Mobile) _____

 Tools of Trade _____

 Union Fees _____

 Stationery/Computer Consumables _____

 Professional Memberships & Subscriptions _____

 Journals, Periodicals & Newspapers _____

 Teaching Aids _____

Income Protection insurance _____

Donations

Superannuation income streams (taxable, attach)

Details should include who the item relates to (taxpayer), a brief description and the amount.

Investment Income

Interest Received - Bank Accounts, Term Deposits, ATO

Name of Bank	Account Number	Total Interest	TFN W'holding	Joint Account? Your portion?

Dividends Received - Reinvestments, Franked, Unfranked, Imputation Credits (attach)

Share Details	Number of shares held	Franked Amount	Unfranked Amount	Franking Credits

Trust Distribution Tax Statements (attach)

Sale of Shares/Investments - Sale Documentation & Purchase Documentation (attach)

Rental Property

Details of Property (owners, address)

Total Costs

Annual agent statements (attach)

Rates	\$	_____
Insurance	\$	_____
Maintenance Costs	\$	_____
Body Corporate Fees	\$	_____
Land Tax	\$	_____
Interest/Loan details	\$	_____

Government Rebates/Tax Paid

Personal Superannuation Contributions	\$	_____
Private Health Insurance Statement (attach)		_____
Spouse Superannuation Contributions	\$	_____
Dependant Details		_____

Family Medical Expenses - exceeding \$2,218 after rebates (Medicare & Private Health Insurance). Only if your expenses are for disability aides, aged care or attendant care.
