

Individual Tax Return Information Checklist

Name: _____			Occupation: _____				
Address: _____							
Bank A/c Details:		BSB: _____		Account Number: _____			
Income			Work Related Deductions				
	Yes	No	Documents		Yes	No	Documents
Employment Income:	<input type="checkbox"/>	<input type="checkbox"/>	_____	Car Expenses:	<input type="checkbox"/>	<input type="checkbox"/>	_____ (Klms?)
Lump Sums or ETPs:	<input type="checkbox"/>	<input type="checkbox"/>	_____	Travel Expenses:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Govt Payments:	<input type="checkbox"/>	<input type="checkbox"/>	_____	Uniform/Laundry:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pension Income:	<input type="checkbox"/>	<input type="checkbox"/>	_____	Self Education:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interest Received:	<input type="checkbox"/>	<input type="checkbox"/>	_____	Other Work Related:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dividends Received:	<input type="checkbox"/>	<input type="checkbox"/>	_____	Interest & Dividend Deductions:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trust Income:	<input type="checkbox"/>	<input type="checkbox"/>	_____	Donations:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Capital Gains:	<input type="checkbox"/>	<input type="checkbox"/>	_____	Tax Agent Fees:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foreign Income:	<input type="checkbox"/>	<input type="checkbox"/>	_____	Super Contributions:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rental Property:	<input type="checkbox"/>	<input type="checkbox"/>	_____	Date Rented:			_____
Private Health Insurance Details: _____							
Spouse Details: _____			No of Children: _____				
Capital Items for Depreciation: _____				(Costs & Dates Purchased)			
Tax Offsets							
	Yes	No	Documents				
Senior & Pensioners Offset:	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Super Income Stream:	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Super Contribution for Spouse:	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Zone or Overseas Forces:	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Dependent (Invalid or Carer):	<input type="checkbox"/>	<input type="checkbox"/>	_____				

Name of Client:																									
Property Description:																									
Financial Year:		2017 Financial Year																							
Income and Expenses for the Period:		1 July 2016 to 30 June 2017																							
	INCOME						EXPENSES																		
	Rental Income	Agent Fees	Body Corp Fees	Rates	Insurance	Land Tax	R & M	Water Charges	Bank Fees	Interest	Capital Items	Other	Net Rent												
July													\$ -												
August													\$ -												
September													\$ -												
October													\$ -												
November													\$ -												
December													\$ -												
January													\$ -												
February													\$ -												
March													\$ -												
April													\$ -												
May													\$ -												
June													\$ -												
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -												