

2009/10 TAX RETURN CHECKLIST

Please ensure you fully complete ALL relevant questions and provide additional information as necessary on separate sheets and securely attach all documentation to this form.

PERSONAL DETAILS

NAME MR/MRS/MS/MISS _____

DATE OF BIRTH _____ TAX FILE NO. _____

ADDRESS _____

EMAIL _____ OCCUPATION _____

PHONE (W) _____ (H) _____ (M) _____

Spouse: Name _____ DOB _____ Income _____

(Please provide a copy of your spouse's income tax return if not prepared by our office.)

Children Name _____ DOB _____ Income _____

Name _____ DOB _____ Income _____

Name _____ DOB _____ Income _____

INCOME

Tick if applicable & provide paperwork

- Salary or wages
- Bank Interest
- Allowances, earnings, tips, director's fees etc
- Employer lump sum payments
- Employment termination payments
- Australian Government allowances & payments like newstart, youth allowance & Austudy payments
- Australian Government pensions and allowances
- Australian annuities & superannuation income streams
- Australian superannuation lump sum payments
- Dividends paid 1/7/09 – 30/6/10
(Please provide paperwork if shares owned in Employee Share Plan)
- Distributions from partnerships and/or trusts
- Rental properties (see separate checklist)
- Business income
- Foreign source income (including foreign pensions) & foreign assets or property

INCOME Cont'd

- Sale of assets with potential capital gains tax implications
- Proceeds from cashed in/matured Life Policies, Insurance or Friendly Society Bonds
- Forestry managed investment scheme income
- Other income (*please specify*)

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WORK RELATED DEDUCTIONS

Once your total work related deductions exceed \$300, you must be able to substantiate your total claim with receipts. Please list the private use percentage where applicable.

1. Car Expenses: Kilometers travelled: _____
Engine size (*tick*): up to 1600cc _____
1601-2600cc _____
Over 2600cc _____

(*Note: Travel to and from work is usually NOT deductible.*)

2. Domestic and/or Overseas Travel (*attach details*) YES / NO

3. Work related clothing:
Purchase of Compulsory Uniforms \$ _____
Purchase of Protective Clothing \$ _____
Dry Cleaning of Uniforms \$ _____
Does your Employer provide uniforms? YES / NO
Do you have to launder uniforms? YES / NO

4. Self-education expenses (*attach details*) YES / NO

5. Conferences & Seminars (*attach details*) YES / NO

6. Other: Union/Professional Memberships \$ _____
Books/Reference Materials \$ _____
Sun Protection (if working outdoors)
(*eg hat, sunscreen, sunglasses*) \$ _____
Telephone & Internet \$ _____
Home Office (hours of use per week) \$ _____
Tolls \$ _____
Parking \$ _____
Tools and /or Equipment <\$300 \$ _____
Tools and / or Equipment >\$300 \$ _____

Description: _____
Date purchased: _____
Amount: \$ _____

Other (*give details*)

OTHER DEDUCTIONS

- School Building Fund Donations \$ _____
- Donations to Charity (NOT Art Union Tickets) \$ _____
- Tax Agent's Fee \$ _____
- Travel to Tax Agent last year _____ kms

Engine size	up to 1600cc	<input type="checkbox"/>
	1601-2600cc	<input type="checkbox"/>
	Over 2600cc	<input type="checkbox"/>

- Income Protection Insurance \$ _____
- Expenses in relation to any allowances received (*attach details*) YES / NO
- Business Expenses (*attach details*) YES / NO
- Interest paid on funds borrowed for investments (*attach details*) YES / NO
- Asset disposals (*attach full details*) YES / NO
- Superannuation paid by self employed
(*include Fund name, ABN number and your Policy Number*) YES / NO
- Forestry managed investment scheme deduction (*attach details*) YES / NO
- Any other expenditure relating to your work that you wish to speak to our Accountants about. YES / NO

If Yes, please specify:

REBATES please tick

Medical Expenses. Did your family have NET (after Health fund and Medicare reimbursements) medical expenses over \$1500.00? (*If YES, provide details*) YES / NO

Zone _____ Place / Town _____ No. of days resident _____

Spouse Superannuation Contributions \$ _____

Education Expenses

Did you receive Family Tax Benefit Part A during the 2009/10 financial year? YES / NO

(You must have received FTB Part A in your name to be eligible. If you apply for Family Tax Benefit as a lump sum after your tax return has been lodged a separate form will need to be lodged with the ATO after Family Tax Benefit Part A has been approved.)

IF A SHARED-CARE ARRANGEMENT IS IN PLACE AND BOTH PARTIES RECEIVE A PERCENTAGE OF FAMILY TAX BENEFIT PART A, EDUCATION EXPENSES WILL BE APPORTIONED IN THE SAME WAY.

IF THIS IS APPLICABLE PLEASE ADVISE THE PERCENTAGE OF FAMILY TAX BENEFIT PART A THAT YOU RECEIVE%

EDUCATION EXPENSES Cont'd

Child 1 Primary School	YES/NO	Secondary School	YES/NO
Period of enrolment		<u>July 2009 - June 2010</u>	YES/NO
		<u>July 2009 - Dec 2009 only</u>	YES/NO
		<u>Jan 2010 - June 2010 only</u>	YES/NO
Was there a transition from primary to secondary school			YES/NO
Child 2 Primary School	YES/NO	Secondary School	YES/NO
Period of enrolment		<u>July 2009 - June 2010</u>	YES/NO
		<u>July 2009 - Dec 2009 only</u>	YES/NO
		<u>Jan 2010 - June 2010 only</u>	YES/NO
Was there a transition from primary to secondary school			YES/NO
Child 3 Primary School	YES/NO	Secondary School	YES/NO
Period of enrolment		<u>July 2009 - June 2010</u>	YES/NO
		<u>July 2009 - Dec 2009 only</u>	YES/NO
		<u>Jan 2010 - June 2010 only</u>	YES/NO
Was there a transition from primary to secondary school			YES/NO
Child 4 Primary School	YES/NO	Secondary School	YES/NO
Period of enrolment		<u>July 2009 - June 2010</u>	YES/NO
		<u>July 2009 - Dec 2009 only</u>	YES/NO
		<u>Jan 2010 - June 2010 only</u>	YES/NO
Was there a transition from primary to secondary school			YES/NO

Eligible Education Expenses

Computer-related expenses	\$.....
Computer-related equipment	\$.....
Home internet connection	\$..... (exclude % used for business if applicable)
Computer software	\$.....
Stationery, textbooks & other learning materials	\$.....

Tools of trade \$.....
(eg. Tools purchased for child completing a school-based apprenticeship.)

OTHER INFORMATION

MEDICARE LEVY:

Did **you and all your dependants** have private **hospital** cover for the **entire** year? YES / NO
(If yes, include the annual tax advice from your fund)

SUPER CO-CONTRIBUTION: Did you make an after –tax personal contribution to super in the 2009/2010 year? YES / NO

CHILD SUPPORT: Did you or your spouse pay child support in the 2009/2010 year? YES / NO

If yes, how much was paid? Spouse

HECS DEBT at 30 June 2010? YES / NO

You can arrange to have your refund credited direct to your bank account provided our fees have been paid and you provide your account details.

Same bank details as last year? YES / NO *(If no please specify below.)*

BSB _ _ _ _ _ ACCOUNT NO _ _ _ _ _ ACCOUNT NAME _____

I confirm that the above information is correct and that where necessary I hold documentary evidence in support of my claims.

Client Signature Date