

INDIVIDUAL TAX RETURN CHECKLIST**PHONE INTERVIEW TIMES**

(Please tick for the best time/s for us to speak to you)

- Normal Office Hours (8.30am – 5.00pm)
 12.00pm – 1.00pm
 Please contact me via email (email address provided below)

Best contact number:

Home: _____ Work: _____ Mobile: _____

Please note: We will attempt to contact you for 2 days. If we are unable to contact you, this may result in your Income Tax Return being re-prioritised.

PERSONAL DETAILS:

Full Name: _____ Tax File Number (TFN): _____

Date of Birth: ___/___/___ Occupation: _____

Email address: _____

Home address: _____

Postal address: _____

Spouse name: _____ Spouse D.O.B: ___/___/___

Any children including D.O.B: _____

ADDITIONAL INFORMATION

If we do not prepare your spouse's tax return please also provide their taxable income:

\$ _____

Reportable fringe benefits: \$ _____

Reportable Superannuation Contributions: \$ _____

To Process your refund as quickly as possible, we require you to provide us with your Electronic Funds Transfer (EFT) details.

Bank and Branch: _____

Account Name: _____

BSB Number: _____ **Account Number:** _____

Please provide a copy of your driver's licence for the new Financial Advise laws, and for your security. If you have previously supplied a copy of your license, this is not required.

LODGEMENT

- All signing pages must be returned **prior** to lodgement
- It is firm policy that payment of fees be settled **prior** to lodgement, unless previous arrangements have been made. I.e. Signed authority to deduct fees

The following checklist will assist you in collating information to be forwarded to our office
 Please tick the box and attach the relevant documents.

INCOME DETAILS

- | | |
|--|---|
| <input type="checkbox"/> PAYG Payment Summary (Group Certificate) | <input type="checkbox"/> Details of Investments Sold & Bought |
| <input type="checkbox"/> ETP Payment Summaries | <input type="checkbox"/> Dividend Slips |
| <input type="checkbox"/> Centrelink Pension and Allowances | <input type="checkbox"/> Managed Fund Tax Statements |
| <input type="checkbox"/> Superannuation Pension or Annuities | <input type="checkbox"/> Foreign Source Income |
| <input type="checkbox"/> Bank Interest Received \$ _____ (bank statements) | <input type="checkbox"/> Other Income _____ |

WORK RELATED EXPENSE DETAILS (Please collate receipts per category)

Please note – there are no "standard deductions". A receipt, or proof of purchase is required for all deductions claimed on your Income Tax Return. For those items that use estimates (eg. Motor Vehicle, Telephone, Home Office) we require justification on how you calculated at these estimates.

- | | |
|--|--|
| <input type="checkbox"/> Motor Vehicle Costs – E.g. Fuel, Rego, Insurance, Repairs, Car Purchase & Finance Details, Log Books
Motor Vehicle Details (Vehicle Type & Engine Capacity): _____ | <input type="checkbox"/> Tools & Equipment |
| <input type="checkbox"/> Travel & Accommodation | <input type="checkbox"/> Uniforms, Protection Clothing & Laundry |
| <input type="checkbox"/> Self-Education | <input type="checkbox"/> Donations (amounts over \$2) |
| <input type="checkbox"/> Sun Protection Costs | <input type="checkbox"/> Home Office & Computer Costs |
| <input type="checkbox"/> Resource Books | <input type="checkbox"/> Subscriptions/Memberships |
| <input type="checkbox"/> Telephone/Mobile Phone and estimate of use for income purposes | <input type="checkbox"/> Personal Superannuation Contributions – including notice of intent to claim form and the fund acknowledgment. |
| <input type="checkbox"/> Cost of Managing Tax Affairs/Investment Expenses | |
| <input type="checkbox"/> Income Protection Insurance (please provide policy) | |

REBATES

- The Net Medical Expenses Offset – Please note, only those expenses relation to Disability Aids, Attendant care and Aged Care expenses are eligible for this offset.
- Private Health Insurance – please provide Annual Statement

RENTAL PROPERTIES

- | | |
|---|--|
| <input type="checkbox"/> If new Rental Property, please provide purchase docs, date first rented, address, % of ownership | <input type="checkbox"/> Real Estate Annual Statement |
| <input type="checkbox"/> Bank Loan Statement | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Repairs | <input type="checkbox"/> Depreciation Report |
| <input type="checkbox"/> Commissions/Management Fees Paid | <input type="checkbox"/> Assets bought during the year |
| <input type="checkbox"/> Rates | |

Other

- | | |
|---|---|
| <input type="checkbox"/> HECS-HELP/FEE-HELP Statement | <input type="checkbox"/> Amount of Child Support paid |
| <input type="checkbox"/> Any other issues that may be relevant: _____ | |

FINANCE

Will you be looking to finance in the near future or review your exiting finance for any of the following?

- | | | |
|----------------------------------|-------------------------------|--|
| <input type="checkbox"/> Vehicle | <input type="checkbox"/> Home | <input type="checkbox"/> Rental Property |
|----------------------------------|-------------------------------|--|

I hereby instruct Hooper Accountants to proceed with preparing my 2018/2019 Income Tax Return. I have reviewed the above and believe I have provided all necessary details required.

Signed: _____

Dated: _____