



2021 INDIVIDUAL TAX RETURN CHECKLIST

Full Name: _____

Best contact number:

Home: _____ Work: _____ Mobile: _____

Please contact me via email (email address provided below)

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 UPDATE (If required)

Occupation: _____

Email address: _____

Home address: _____

Postal address: _____

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

Any dependent 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 Advice 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 completion, unless previous arrangements have been made. I.e. Signed authority to deduct fees or an account application has been completed.

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"/> Dividend Slips |
| <input type="checkbox"/> Employment Termination Payments (ETP) Payment Summaries (provided by your employer or via MyGov) | <input type="checkbox"/> Details of Investments Sold & Bought (if you require further information in relation to what is required please contact our office) |
| <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 _____ |
| <input type="checkbox"/> Distributions from partnerships and trusts | |

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 and Home Office) we require justification on how you calculated these estimates.

- | | |
|--|--|
| <input type="checkbox"/> Motor Vehicle Costs – E.g. Fuel, Rego, Insurance, Repairs, Car Purchase & Finance Details, Log Books
Motor Vehicle Details (Vehicle make and model): _____ | |
| <input type="checkbox"/> Home Office & Computer Costs - E.g. Electricity, Cleaning, Office Consumables, Printer, Phone and Furniture | |
| <input type="checkbox"/> Travel Expenses including parking, tolls and accommodation related to business. | <input type="checkbox"/> Tools & Equipment |
| <input type="checkbox"/> Self-Education/study expenses | <input type="checkbox"/> Uniforms, Protective Clothing & Laundry |
| <input type="checkbox"/> Sun Protection Costs | <input type="checkbox"/> Donations (amounts over \$2) |
| <input type="checkbox"/> Resource Books | <input type="checkbox"/> Stationery & Printing |
| <input type="checkbox"/> Phone and Internet use | <input type="checkbox"/> Subscriptions/Memberships and registrations |
| <input type="checkbox"/> Cost of Managing Tax Affairs/Investment Expenses | <input type="checkbox"/> Personal Superannuation Contributions – including notice of intent to claim form and the fund acknowledgment. |
| <input type="checkbox"/> Income Protection Insurance* (please provide policy) *not required if paid through super | |
| <input type="checkbox"/> Union fees | |

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 available via MyGOV

RENTAL PROPERTIES

- | | |
|--|--|
| <input type="checkbox"/> If new Rental Property, please provide purchase docs, date first rented, address, % of ownership per title deed | |
| <input type="checkbox"/> Interest charged no loan | <input type="checkbox"/> Real Estate Annual Statement |
| <input type="checkbox"/> Repairs | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Commissions/Management Fees Paid | <input type="checkbox"/> Depreciation Report |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Assets bought during the year |
| <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Pest Control |



OTHER

- HECS-HELP/FEE-HELP Statement
- Amount of Child Support paid
- Any other information that may be relevant: _____

FINANCE

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

- Vehicle
- Home
- Rental Property

I hereby instruct Hooper Accountants to proceed with preparing my 2020/2021 Income Tax Return. I have reviewed the above and believe I have provided all necessary details required.

Name: _____

Dated: _____