



TAX RETURN EOFY CHECKLIST

2024 INDIVIDUAL TAX RETURN

1. Please **complete / confirm** your details below to the best of your knowledge
2. All information supplied should be for the **period 1 July 2023 to 30 June 2024**, unless stated otherwise
3. **Provide all supporting documents** where prompted and applicable.
4. **Sign** where indicated and submit to our office.
5. Once submitted we will review and book your end of financial year appointment with us.

GENERAL TAX INFORMATION

NAME	D.O.B.	TFN
SPOUSE	D.O.B.	TFN
EMAIL		
WORK #	HOME #	MOBILE #
ADDRESS		
POSTAL		

HOW WOULD YOU LIKE YOUR FINANCIAL ACCOUNTS SUPPLIED?

- Soft copy emailed
- Hard copy bound

Bank Details (If you are expecting a refund, you MUST provide the ATO your EFT Bank Details)

BANK NAME	BSB #	ACCOUNT #	ACCOUNT NAME
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Children

NAME	D.O.B.
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PAYG Payment Summaries / Income Statement (if provided with one please attach all documents to the back of the form)

EMPLOYER	OCCUPATION	GROSS	TAX
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Bank Interest

BANK	AMOUNT	TFN CREDITS	BANK CHARGES
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Work & Other Expenses (please attach your detailed listing to the back of the form)

EXPENSE TYPE	AMOUNT	EXPENSE TYPE	AMOUNT
Taxi Fares	\$	Reference Books	\$
Other Travel	\$	Stationery	\$
Uniform / Laundry	\$	Mobile Phone	\$
Sun Protection Items	\$	Internet	\$
Self-Education	\$	Memberships	\$
Union Fees	\$	Tools & Equipment	\$
Seminars / Prof Development	\$	Interest Expenses	\$
Gifts & Donations	\$	Income Protection Insurance	\$
Working from Home Expenses	\$	<i>(please refer to Home Office Expenses Factsheet)</i>	
Other Expenses	\$	<i>(please include in detailed listing)</i>	

MOTOR VEHICLE INFORMATION

VEHICLE MAKE	MODEL	WORK KM'S
Vehicle & Log Book		
LOGBOOK KEPT <input type="checkbox"/> Y <input type="checkbox"/> N	PERIOD COVERED BY LOGBOOK <small>(within last 5 financial years)</small>	
VEHICLE PLATE NO.	MAKE & MODEL	
OWNER OF VEHICLE	DRIVER OF VEHICLE	
TOTAL KMs TRAVELLED IN YEAR	BUSINESS KMs IN LOGBOOK PERIOD	
DATE PURCHASED	PURCHASE PRICE	\$
HOW WAS VEHICLE FINANCED?	<input type="checkbox"/> Lease <input type="checkbox"/> Paid Cash <input type="checkbox"/> Chattel Mortgage <input type="checkbox"/> Hire Purchase	
DATE SOLD <small>(if in this tax year)</small>	SALE PRICE	\$

Running Costs

COST TYPE	ANNUAL AMOUNT (inc. GST)	MONTHLY PAYMENTS
Fuel / Oil	\$	
Registration	\$	<i>Please provide a copy of your Hire Purchase / Lease / Chattel Mortgage Agreement when you reach the end of the form.</i>
Insurance	\$	
Repairs & Maintenance	\$	
Lease Payments	\$	\$
Hire Purchase / Chattel Mortgage Payments	\$	\$
Interest Paid	\$	\$
Services	\$	\$
Tyres / Battery	\$	\$
Membership Fees	\$	\$
Parking & Tolls	\$	\$

Private Health Insurance

Do you have private health insurance? Y N *YES - please provide your Private Health Statement*

Did you have any Out of Pocket Medical Expenses for eligible expenses for disability aids, attendant or aged care? Y N *YES - please provide details of your eligible medical expenses minus refunds your or somebody else received from:*

- National Disability Scheme (NDIS)
- Private health insurers

INVESTMENT INFORMATION

Do you have any of these items? Investment Income, Rental Properties, Investments Sold or Motor Vehicles used for Work Y N *YES - please complete relevant sections below*
NO - please proceed to the end of the form, provide supporting documents, sign and send back to us.

Dividends

COMPANY	DATE PAID	UNFRANKED	FRANKED	IMP. CREDITS	TFN CREDITS
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

Unit Trusts

TRUST	TRUST INCOME	TFN CREDITS	IMP. CREDITS	CAPITAL GAINS	FOREIGN INCOME	FOREIGN TAX
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$

Investments Purchased/ Sold (including Cryptocurrency)

COMPANY / TRUST	DATE SOLD	NO. SOLD	AMOUNT RECEIVED	DATE PURCHASED	NO. PURCHASED	AMOUNT PAID
			\$			\$
			\$			\$
			\$			\$
			\$			\$
			\$			\$

RENTAL PROPERTY INFORMATION *Please complete one of these schedules per Property.*

Property Details

ADDRESS OF RENTAL PROPERTY	
DATE PURCHASED	DATE RENTAL INCOME FIRST EARNT
NO. WEEKS AVAILABLE FOR RENT <i>(this year)</i>	DATE BUILT
OWNERSHIP DETAILS <input type="checkbox"/> In your name <input type="checkbox"/> In joint names <i>(please provide details)</i>	

Please provide the purchase settlement statement and other purchase costs, e.g. stamp duty, legal fees, renovations or initial repairs, and any loan application fees and/or mortgage discharge expenses when you reach the end of the form.

Income

GROSS RENT	OTHER RENTAL INCOME
\$	\$

Expenses

EXPENSE TYPE	AMOUNT	EXPENSE TYPE	AMOUNT
Advertising for Tenants	\$	Body Corporate Fees	\$
Borrowing Expenses	\$	Cleaning	\$
Council Rates	\$	Gardening / Lawn Mowing	\$
Insurance	\$	Interest on Loan(s)	\$
Land Tax	\$	Legal Fees	\$
Pest Control	\$	Property Management Fees	\$
Repairs & Maintenance	\$	Property Man. Commissions	\$
Water Charges	\$	Stationery, Phone & Postage	\$
Other Expenses	\$	<i>(please include in detailed listing)</i>	

Depreciable Items

ITEM	DATE PURCHASED	COST
		\$
		\$
		\$
		\$
		\$

ITEM	DATE PURCHASED	COST
		\$
		\$
		\$
		\$
		\$
		\$

Improvements / Construction Costs *Please provide a copy of your tax depreciation schedule prepared by third party below.*

ITEM	DATE	COST
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

OTHER INFORMATION *Please list any other information that you believe may assist us*

SUPPORTING DOCUMENT CHECKLIST

- Payment Summaries/Income Statement (if provided with one)
- Unit Trust Tax Year Summary and/or Dividends received during year
- Crypto currency annual tax statement including buys/sells/airdrops/staking
- Detailed Work Expenses Listing
- Motor Vehicle Hire Purchase / Lease / Chattel Mortgage Agreement
- Rental Property Purchase Settlement Statement / Costs
- Rental Property Depreciation Schedule (as prepared by Third Party)
- Letter noting tax deductibility of Income Protection Premiums
- Confirmation letter from your superannuation fund noting intent to claim tax deduction for contributions
- Private Health Statement (may only be provided if you request one from your registered health insurer)