KEYPOINT
ACCOUNTANTS & ADVISORS

TAX RETURN
EOFY CHECKLIST

2026 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 2025 to 30 June 2026**, 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

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	$	*(please refer to Home Office Expenses Factsheet)*	
Other Expenses	$	*(please include in detailed listing)*	

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MOTOR VEHICLE INFORMATION

VEHICLE MAKE	MODEL	WORK KM'S

Vehicle & Log Book

LOGBOOK KEPT ☐ Y ☐ N	**PERIOD COVERED BY LOGBOOK** *(within last 5 financial years)*		
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?	☐ Lease ☐ Paid Cash ☐ Chattel Mortgage ☐ Hire Purchase		
DATE SOLD *(if in this tax year)*		**SALE PRICE**	$

Running Costs

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

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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
			$			$
			$			$
			$			$
			$			$
			$			$

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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 *(this year)*	**DATE BUILT**	
OWNERSHIP DETAILS	☐ In your name ☐ In joint names *(please provide details)*	

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	$	*(please include in detailed listing)*	

Depreciable Items

ITEM	DATE PURCHASED	COST
		$
		$
		$
		$
		$

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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*

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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)

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