Individual Income Tax Return Checklist

1. Salary or wages 2. Allowances, earnings, tips, director's fees etc. 3. Employer lump sum payments 4. Employment termination payments 5. Australian Government allowances and payments like Newstart, Youth Allowance and Austudy payments		
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Employment termination payments Australian Government allowances and payments like Newstart, Youth		
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Allowance and Austrucy payments		
6. Australian Government pensions and allowances		
7. Australian annuities and superannuation income streams		
8. Australian superannuation lump sum payments		
9. Attributed personal services income		
10. Gross Interest		
11. Dividends		
12. Employee share schemes		
18. Capital gains		
21. Rent		
24. Other income (please specify below)		

Deductions – Please provide evidence	Yes	No	Unsure
D1. Work related car expenses			
- Cents per kilometre method (up to a maximum of 5,000 kms) If yes, please advise the amount of kilometres you wish to claim and details of trips made.			
- Log book method			

Deductions – Please provide evidence	Yes	No	Unsure
D2. Work related travel expenses			
Employee domestic travel with a reasonable travel allowance			
– If the claim is more than the reasonable travel allowance rate, do you have receipts for your expenses?			
Overseas travel with a reasonable travel allowance			
Do you have receipts for accommodation expenses?			
 If travel is for 6 or more nights in a row, do you have travel records? (e.g. a travel diary) 			
Employee without a reasonable travel allowance			
Did you incur and have receipts for airfares?			
Did you incur and have receipts for accommodation?			
Did you incur and have receipts for hire cars (if applicable)?			
Did you incur and have receipts for meals and incidental expenses?			
- Do you have any other travel expenses?			
Other work-related travel expenses (e.g., a borrowed car, public transport)			

Deductions – Please provide evidence	Yes	No	Unsure		
D3. Work related uniform and other clothing expenses					
Protective clothing					
Occupation specific clothing					
Non-compulsory uniform					
Compulsory uniform					
Conventional clothing					
Laundry expenses (up to \$150 without receipts)					
Dry cleaning expenses					
Other claims such as mending/repairs, etc (please specify)					
D4. Work related self-education expenses					
Course taken at educational institution:					
– Union fees					
- Course fees					
- Books, stationery					
- Travel					
- Other (please specify)					
D5. Other work related expenses					
Home office expenses					
Computer and software					
Telephone/mobile phone					
Tools and equipment					
Subscriptions and union fees					
Journals/periodicals					

Deductions – Please provide evidence	Yes	No	Unsure		
D5. Other work related expenses (continued)					
Depreciation					
Sun protection products (i.e., sunscreen and sunglasses)					
Seminars and courses not at an educational institution					
Any other work related deductions (please specify)					
Other types of deductions					
D9. Gifts or donations					
D10. Cost of managing tax affairs					
D12. Personal superannuation contributions					
Full name of fund: Account no:					
Fund ABN: Fund TFN:					
- Do you pass the 10% test?					
– Have you provided the fund a notice of intention to deduct the contribution?					
– Has this notice been acknowledged by the fund?					
Other types of deductions (continued)					
D15. Other deductions (please specify)					

	Tax offsets/rebates – Please provide evidence	Yes	No	Unsure
T1.	Are you a senior Australian or a pensioner?			
T2.	Did you receive an Australian superannuation income stream?			
T3.	Did you make superannuation contributions on behalf of your spouse?			
T4.	Did you live in a remote area of Australia or serve overseas with the Australian defence force or the UN armed force in the income year?			

Ot	Other relevant information – Please provide evidence		No	Unsure
A.	Are you entitled to the Medicare levy exemption or reduction in the income year?			
(If yes, please specify)				
B.	Did you and your spouse/dependants have private health insurance in the income year?			
(If y	res, please provide the annual statement received from your health fund)			

01	her relevant information – Please provide evidence	Yes	No	Unsure
Inc	come tests information			
_	Did you pay child support in the income year?			
_	Number of dependent children?			
Sp	ouse details (if applicable)			
_	Did you have a spouse for the full year from 1 July to 30 June? If you had a spouse for only part of the income year, please specify the dates between 1 July to 30 June when you had a spouse: From/ to//			
_	What was your spouse's taxable income for the income year?			
	\$			
	Does your spouse have a share of trust income on which the trustee is assessed under Section 98 that has not been included in your spouse's taxable income?			
	Did a trust or company distribute income to your spouse in respect of which family trust distribution tax was paid by the trust or company for the income year?			
_	Did your spouse have any reportable fringe benefits amounts for the income year?			
_	Did your spouse receive any Australian Government pensions or allowances (not including exempt pension income) in the income year?			
_	Did your spouse receive any exempt pension income in the income year?			
_	Did your spouse receive any tax-free government pensions paid under the Military Rehabilitation and Compensation Act 2004?			

Other relevant information – Please provide evidence	Yes	No	Unsure
 Does your spouse have any reportable employer superannuation contributions or deductible personal superannuation contributions for the income year?? 			
Did your spouse receive any 'target foreign income' in the income year?			
 Did your spouse have a total net investment loss (i.e., the total of any financial investment loss and a rental property loss) for the income year? 			
Did your spouse pay child support during the income year?			
 If your spouse is aged between their preservation age and 59 years old, did they receive a superannuation lump sum (other than a death benefit) during the income year that included a taxed element that does not exceed their low rate cap? 			
Dated:			
Signature of taxpayer			
Name (print)			