

PUND & ASSOCIATES

ACCOUNTANTS & BUSINESS ADVISORS



INDIVIDUAL INCOME TAX RETURN CHECKLIST

CLIENT CODE: _____

Client Name: _____

Address: _____

Contact Number: _____

Email address: _____

Bank Account Details: BSB: _____ Account Number: _____

INCOME

Did you receive income relating to any of the following categories?

Salary & wages/PAYG payment summaries	No		Yes		If yes, please attach.
Centrelink PAYG payment summary	No		Yes		If yes, please attach.
Aust. Government pensions & other allowances	No		Yes		If yes, please attach.
Other Australian pension or annuities	No		Yes		If yes, please attach.
Investment income (including interest, dividends, contribution)	No		Yes		If yes, please attach.
Income from partnership and/or trust	No		Yes		If yes, please attach.
Did you have a Capital Gain from a sale of asset?	No		Yes		If yes, please attach.
Foreign source income (incl. foreign pensions)	No		Yes		If yes, please attach.
Rental income & expenses	No		Yes		If yes, please attach.
Bonuses from life assurance or friendly society policy	No		Yes		If yes, please attach.
Other income (please specify)	No		Yes		If yes, please attach.

TAX OFFSETS/OTHER

Superannuation contributions on behalf of spouse	No		Yes		If yes, please attach.
Did you have Private Health Insurance.	No		Yes		If yes, please attach.

Other details:

PUND & ASSOCIATES

ACCOUNTANTS & BUSINESS ADVISORS



INVESTMENT INCOME

Bank account interest:

Name of financial institution: Account details \$ Please Select:

			Individual/Joint
			Individual/Joint
			Individual/Joint
			Individual/Joint
			Individual/Joint

Dividends: (Please provide details and/or complete)

Name of Company Unfranked Franked Imputation Cr TFN Amount

Name of Company	Unfranked	Franked	Imputation Cr	TFN	Amount

Did you receive a distribution from a Managed Fund? Yes/No (Please attached Statement)

CAPITAL GAINS

Property:

Purchase Cost:		Sale Price:	
Date on Contract:		Date on Contract:	
Settlement Date:		Settlement Date:	
Stamp Duty:		Legal Fees to Sell:	
Title Registration:		Agents Commission:	
Legal Fees to Purchase:		Selling Costs:	

Shares/Investments:

Name of Shares:		Name of Shares:	
Number of Shares:		Number of Shares:	
Purchase Date:	Sell Date:	Purchase Date:	Sell Date:
Purchase Cost:		Purchase Cost:	
Selling Cost:		Selling Cost:	

Name of Shares:		Name of Shares:	
Number of Shares:		Number of Shares:	
Purchase Date:	Sell Date:	Purchase Date:	Sell Date:
Purchase Cost:		Purchase Cost:	
Selling Cost:		Selling Cost:	

PUND & ASSOCIATES

ACCOUNTANTS & BUSINESS ADVISORS



RENTAL INCOME & EXPENSES

Property 1 -Address: _____

Date first earned income: __/__/____ No. weeks property rented this year: _____

Property 2 -Address: _____

Date first earned income: __/__/____ No. weeks property rented this year: _____

Property 3 -Address: _____

Date first earned income: __/__/____ No. weeks property rented this year: _____

Please provide details or complete:

Property 1. Property 2. Property 3.

	Property 1.	Property 2.	Property 3.
Income			
Rent			
Expenses			
Advertising			
Agents Commission			
Bank Charges			
Body Corporate Fees			
Council Rates			
Gardening/Mowing			
Insurance			
Interest			
Land Tax			
Letting Fee			
Repairs & Maintenance			
Stationery, Telephone & Postage			
Travel			
Water Rates			
Other (Please List)			
Capital Expenses over \$300.00			
<i>Please list items including purchase date:</i>			

If new property, we require the following:

Statement of Adjustments on purchase	Loan Establishment and other costs
Stamp Duty cost	Loan Statement
Registration of Title cost	Quantity Surveyors Report or
Legal Fees on Purchase	List of Depreciable Asset

PUND & ASSOCIATES

ACCOUNTANTS & BUSINESS ADVISORS



DEDUCTIONS

Work Related Car expense claims

Vehicle type: _____

Kilometre Claim – Number of kilometres (<5000) # _____ kms

Or

Percentage claim for work use (Log Book) 0% _____ % work use.

Interest on loan	\$	Repairs & Service	\$
Loan payments	\$	Car Washes	\$
Fuel	\$	Insurance	\$
Registration	\$	Other	\$
RACV	\$		

Other work-related travel expenses:

Airfares, train travel, accommodation, meal, etc.

Work related uniform & other clothing expenses:

Protective clothing	\$
Uniform	\$
Laundry	\$
Dry Cleaning	\$

Other Expenses:

Power & Gas (Home office)	\$
Computer & internet	\$
Home telephone	\$
Mobile telephone	\$

Work Related Education Expense

Name of Course and Institution:

Stationery	\$
Tools & equipment	\$
Subscriptions	\$
Seminar & short courses	\$
Journals/periodicals	\$
Sunscreen/Sunglasses	\$

Course Fees (Not HELP)	\$	Union dues	\$
Books	\$	Other (Please specify)	\$
Travel	\$		\$
Stationery	\$		\$
Other (please specify)	\$		\$
	\$		\$
	\$		\$

Deductions against investment income:

Loan Interest	\$	Travel Expenses	\$
Bank Fees	\$	Computer Expenses	\$
Books & Subscriptions	\$	Other	\$

Gifts or donations: _____

