



2019 Individual Tax Return Checklist

This is a checklist of information we will require from you in order to attend to the preparation of your individual income tax return. It is a general list of main matters but is not designed to be an exhaustive list of all issues. Please complete the form and forward to our office, providing any required documentation. One checklist is provided per person, please contact the office if you require additional copies or it is available on our website www.andresen-mccarthy.com.au

PERSONAL DETAILS						
Salutation:	Mr	Mrs	Ms	Miss	Other:	
First Name:				Last Name:		
Previous Name (if changed since last tax return):						
D.O.B:				TFN:		
Phone Number:						
Email Address:						
Home Address:						
Postal Address:						
Occupation:						
EFT Details (all refunds are to be paid directly into your bank account)						
Account Name:						
BSB:				Account No:		
SPOUSE DETAILS						
<i>Spouse Details are kept confidential and used only for the preparation of your income tax return. If we are completing your Spouse' Tax Return you do not need to complete these details.</i>						
Spouse Name:						
Spouse D.O.B:						
Spouse Taxable Income 2019:						
Did you have a spouse for the full financial year? If No, provide dates:						
No. of Dependent Children:						

INCOME DETAILS

Please review the types of income and where application provide supporting documentation:

TYPE OF INCOME	PROVIDED	N/A
Salary or Wage, Allowances, Employment Termination Payments etc. - Provide all PAYG Payment Summaries and ETP statements		
Australian Government Payments or Pensions - Provide details of youth allowances, Newstart, sickness allowance etc.		
Superannuation Income Streams and Annuities - Provide details of taxable and rebatable components of pensions		
Superannuation Lump Sum Payments - If under 60, provide details of lump sums paid from Superannuation		
Gross Interest - Provide statements detailing interest earned, including term deposits		
Dividends - Provide details of dividends received, includes dividend reinvestment plans		
Managed Fund Distributions - Provide copies of managed fund annual tax and capital gains statements		
Employee Share Schemes (ESS) - Provide copy of your annual ESS statement issued by your employer		
Distributions from Partnerships and/or Trusts - Provide details of the partnership/trust and taxable income received		
Net Income or Loss from Business - Provide details of income and expenses, cash book, data file etc.		
Capital Gains – Investments/Asset Sales (including Shares & Property) - Provide description of assets, purchase dates & costs, sale dates & proceeds and percentage of ownership (excludes motor vehicles and main residence) - For properties, provide purchase and sale contracts and settlement statements		
Rental Properties - Provide details of rental income and expenses (including real estate agent summary) or complete the schedule provided at the end of this checklist		
Foreign Source Income and Foreign Assets or Property - Provide details of country, amount received, foreign tax withheld etc.		
Other Income - Provide details of income received that doesn't fit into the above categories i.e. Income protection payments, jury duty, directors fees, forestry investment income.		

DEDUCTION DETAILS

Please ensure you are able to substantiate all claims if your total deductions exceed \$300. Provide details of expenses paid from 01/07/2018 – 30/06/2019.

TYPE OF EXPENSE	PROVIDED or AMOUNT	N/A
Work Related Car Expenses (complete option (a) or (b))		
Purpose for travel:		
		Travel for clients, seminars, training courses etc.
		Travel carrying bulky tools or equipment that can't be left at workplace
		Travel from shifting places of employment or from first to second job
		Travel from home as base of employment to a workplace or client

(a) Log Book Method: Business % Use		%	Date kept:		
- Fuel				\$	
- Insurance				\$	
- Registration				\$	
- Services/Repairs				\$	
- Tyres				\$	
- Loan Interest or Lease Payments (provide documentation)				\$	
- Other (please specify):				\$	
- Cost of Vehicle and Date of Purchase:		Date:		\$	
(b) Set Rate/Business Kilometres (maximum 5,000kms)				kms	
Work Related Travel Expenses (travel diary required if >5 nights in a row):					
- Airfares/Accommodation/Meals etc.				\$	
- Tolls/Parking/Taxi Fares/Transport etc.				\$	
- Deductions relating to Allowances				\$	
- Other (please specify)				\$	
Uniform, Occupation Specific or Protection Clothing & Laundry:					
- Laundry (\$150 max without receipts) – Logo or protective only				\$	
- Uniform or Protective Clothing Costs (include boots, hats etc.)				\$	
Self Education Expenses (directly related to current work activities):					
- Name of Course					
- Course Fees				\$	
- Books/Stationery/Computer Expenses etc.				\$	
- Travel to and from Institution				kms	
- Other (please specify)				\$	
Other Work Related Expenses (provide totals, we will adjust for private %):					
- Union Fees				\$	
- Professional Associations				\$	
- Home Office Costs	or: Ave hrs p/week?		hrs	\$	
- Internet	work related use		%	\$	
- Telephone	work related use		%	\$	
- Tools and Equipment				\$	
- Journals/Books/Subscriptions/Stationery				\$	
- Seminars/Conferences				\$	
- Other (please specify)				\$	
				\$	
Interest & Dividend Deductions (i.e. Advisors, interest, reference materials):					
				\$	
				\$	

Gifts or Donations (\$2 or more to deductible gift recipients):		
	\$	
	\$	
	\$	
Cost of Managing Tax Affairs (Tax Agent fees)	\$	
Income Protection Insurance (outside of superannuation)	\$	
Personal Superannuation Contributions - Provide copy of acknowledgement of receipt of notice to claim a deduction		
Other (please specify):		
	\$	
	\$	
	\$	
	\$	

TAX OFFSETS & REBATES

Please review if any of the below tax offset or rebate categories apply to you and provide documentation where necessary. If unsure, make a note and we will review it with you.

TYPE OF OFFSET/REBATE	PROVIDED	N/A
Medicare Levy Exemption - If you are in a Medicare Levy Exemption category provide a copy of the statement of exemption		
Private Health Insurance - Provide a copy of your annual Private Health Insurance Tax Statement		
Medical Expenses - If you paid for medical expenses relating to disability aids, attendant care services or aged care services and accommodation you may be entitled to a tax offset for your out of pocket expenses. If applicable, provide copies of payments as well as Medicare or Health Insurance reimbursements.		
Dependant (Invalid or Invalid Career) - Did you maintain: <ul style="list-style-type: none"> • Your spouse who was an invalid or cared for an invalid; • Your or your spouse's parent who was an invalid or cared for an invalid; or • Your or your spouse's invalid child, brother or sister, aged 16 yrs or older. - If yes, please indicate and there are a number questions we will go through with you when completing your return		
Zone or Overseas Forces - Did you: <ul style="list-style-type: none"> • Live (usual place or residence) and work in a remote or isolated area of Australia, not including an offshore oil or gas rig; or • Served overseas as a member of the Australian Defence Force or a United Nations armed force. - If yes, please indicate and there are a number questions we will go through with you when completing your return		

Super Contributions for Spouse - Provide details of any contributions made on behalf of your spouse to a complying superannuation fund. Depending on the circumstances you may be entitled to a tax offset		
Other - If you believe you are entitled to any other tax offsets or rebates please provide details		
OTHER		
<i>Please review to following other matters applicable to the completion of your tax return.</i>		
ITEM	PROVIDED	N/A
Residency Status - If you believe your residency status changed during the year, please provide details		
HECS/HELP Debt or SFSS Loan - Indicate if you believe you have a debt and we can obtain the balance from the ATO		
Income Tests (Applicable to Family Tax Benefits, HELP, Medicare Levy etc.):		
- Tax free government pensions received	\$	
- Target foreign income received	\$	
- Child support paid	\$	
If first Tax Return Completed by Andresen McCarthy Partners - Provide copy of previous year lodged Tax Return		
Other - Please provide details or copies of any other items you think may be relevant or note any comments for the completion of your tax return		

RENTAL PROPERTY SCHEDULE

If you rented a property during the year, you can use the following schedule to summarise your rental income and expenses. If you received a summary from a real estate agent, please provide a copy. Provide gross amounts, if jointly owned we will apportion your share.

Note: Please attach additional copies of this schedule for additional rental properties.

Property Address:		
Date Acquired:		(provide contract & settlement statement if during the year)
Date First Rented:		
Date Ceased Renting:		
Ownership Interest %:		
Weeks Rented in 2019:		
Income		
Gross Rental Income	\$	
Other Rental Income (reimbursements etc.)	\$	
Expenses		
Advertising for Tenants	\$	
Bank Charges	\$	
Body Corporate Fees	\$	
Cleaning	\$	
Council Rates	\$	
Gardening/Lawn	\$	
Insurance	\$	
Interest and Fees on Loans	\$	
Land Tax	\$	
Legal Fees	\$	
Property Agent Fees and Commissions	\$	
Repairs & Maintenance	\$	
Stationery/Phone/Postage	\$	
Travel (Commercial properties only)		
Water Charges	\$	
New Additions to Assets (provide date and cost)	\$	
Depreciation/Quantity Surveyor Report (provide copy)		
Sundry (please specify):	\$	
	\$	
	\$	
	\$	