# **Individual Tax Return Checklist - New Client**

	Tax Year:	Occupation:				
	Email:		beanstalk			
Title (	Mr/Mrs/Miss/Ms):	Middle Name:	accountants			
,	First Name:	Last Name:				
	Home Address:	Postal Address:				
	Unit#:	Unit#:				
	Street#:	Street#:				
	Street Name:	Street Name:				
	Suburb:	Suburb:				
	State:	State:				
	Post Code:	Post Code:				
Referred By:		Mobile Phone:				
Prev	rious Accountant:	TFN:				
		ABN:				
	Bank Details for Refund	Date of Birth:				
	Account Name:	Town of Birth:				
,	BSB:					
F	Account Number:					
Y/N	Number of Payment Summaries (In	cluding Pension and ETP Summaries):				
Y/N	Other Income (Directors Fees, Emp	loyee Shares/Options, Commssions etc)				
Y/N	N Interest Income					
.,	Please provide details of interest income earned on all bank accounts					
Y/N	Dividend Income	d statements, there should usually be 2 statements n	er holding			

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Please provide a copy of all dividend statements, there should usually be 2 statements per holding

### Y/N Capital Gains Tax

Did you sell any Assets?

Shares - Please provide a copy of both the buy and sell contracts

- A copy of all dividend statements if you had an active DRP in place

Property - Please provide a copy of the purchase settlement statement

- A copy of the purchase legal fees
- A copy of the stamp duty reciept
- A copy of the sale settlement statement
- A copy of the sale legal fee
- A copy of the sale realestate agent fees
- A copy of any other fees incurred in the purchase or sale of the property

## Y/N Trust and or Partnership Distributions (Managed Funds):

- Can you please provide a copy of the annual tax distribution statement

#### Y/N Business Income

If you have Sole Trader/Business activities we will contact you to go through this in greater detail.

Y/N	Motor Vehicle Total Business kms Tengine Capacity: Original Purchase Pr				beanstalk
	Logbook Petrol Registration Insurance Business Use % If you intend to use	this method please pro	Repairs & Maintenar Interest on Loan Other (Parking) ovide a copy of you log		accountants btable)
Y/N - - -	The front page of the (ie who owns it and owns it is not necessary for the below items it is not necessary for the owns it is not necessary for the	lased properties please e contract showing leg in what proportions) ement ule prepared by a reput can you please provide or you to fill out the be	al ownsership structur table quantity surveyo e doumentary evidenc low table	r e of each expense	
	It just a guide to ensure you are claiming everything you are entitled to  Advertising for Tennants Body Corporate Borrowing Expenses (Lenders Mortgage Insurance etc) Cleaning Council Rates Depreciation (Assets for example a new oven or dishwasher) Gardening Insurance Interest on Loans Land Tax Legal Fees Pest Control Agent Fees Repairs and Maintenance Capital Works (Depreciation of the building itself) Stationery, Telephone and Postage Travel Expenses Water Sundry				
Y/N	Work Travel Expens	es Date To	No. of Meals	No. of Nights	Description of Activity

# Y/N Protective Clothing

Please provide reciepts for any work related protective clothing

Y/N Medical Expens	ses
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Did you have out of pocket medical expenses greater than \$2,120

Please provide a copy of:

Private Health Insurers - Annual Claims Statement Medicare - Annual Claims Statement Other Medical Reciepts

Y/N	Were you covered by private health insurance?
	If so can you please provide a copy of the annua

/ IN	If so can you please provide a copy of the annual tax statement					
	Medicare Medicare Card N IRN (Individual R	Number Reference Number)				
//N	Self Education					
	Please provide reciepts for any work related self education expenses				Total	
	Travel Books					
	Courses					
	Courses					
//N	Investment Expenses					
,	•	oan Interest Summary				
	S	•				
//N	Other Work Related					
	Please provide reciepts for any other work related expenses					
	Stationery					
	Union Fees					
	Memberships					
	Income Protection	on Insurance				
	Donations					
	Tax Agent Fees					
	Other					
	Other					
//NI	Smarra					
//N	Spouse Full Name:				1	
	TFN:				l	
	Date of Birth:					
E	Ill Financial Year?	Yes/No				
FU	Taxable Income:	1 65/110				
(	Childrens Names:			Date of Birth		
•	a. c tarrica.			2462 31 211 611		

Date of Birth

Date of Birth

# Y/N Do you still owe any HECS?

**Childrens Names:** 

Childrens Names: