

Individual Tax Return Checklist - New Client



Tax Year:	<input type="text"/>	Occupation:	<input type="text"/>
Email:	<input type="text"/>		
Title (Mr/Mrs/Miss/Ms):	<input type="text"/>	Middle Name:	<input type="text"/>
First Name:	<input type="text"/>	Last Name:	<input type="text"/>

Home Address:

Unit#:

Street#:

Street Name:

Suburb:

State:

Post Code:

Postal Address:

Unit#:

Street#:

Street Name:

Suburb:

State:

Post Code:

Referred By:

Previous Accountant:

Mobile Phone:

TFN:

ABN:

Date of Birth:

Town of Birth:

Bank Details for Refund

Account Name:

BSB:

Account Number:

Y/N Number of Payment Summaries (Including Pension and ETP Summaries):

Y/N Other Income (Directors Fees, Employee Shares/Options, Commissions etc)

Y/N Interest Income

Please provide details of interest income earned on all bank accounts

Y/N Dividend Income

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 receipt

- A copy of the sale settlement statement

- A copy of the sale legal fee

- A copy of the sale real estate 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 Medical Expenses

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 Receipts

Y/N Were you covered by private health insurance?

If so can you please provide a copy of the annual tax statement

Medicare

Medicare Card Number	
IRN (Individual Reference Number)	

Y/N Self Education

Please provide receipts for any work related self education expenses

		Total
Travel		
Books		
Courses		

Y/N Investment Expenses

Annual Margin Loan Interest Summary	
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Y/N Other Work Related

Please provide receipts for any other work related expenses

Stationery	
Union Fees	
Memberships	
Income Protection Insurance	
Donations	
Tax Agent Fees	
Other	
Other	

Y/N Spouse

Full Name:			
TFN:			
Date of Birth:			
Full Financial Year?	Yes/No		
Taxable Income:			
Childrens Names:		Date of Birth	
Childrens Names:		Date of Birth	
Childrens Names:		Date of Birth	

Y/N Do you still owe any HECS?