

## 2022 TAX RETURN INFORMATION CHECKLIST FOR INDIVIDUALS

HOME PHONE: MO	OBILE:	
EMAIL:		
RESIDENTIAL ADDRESS:		
POSTAL ADDRESS:		
BANK ACCOUNT DETAILS: BSB: Ac	count Number:	
Account Name:		
LEASE PROVIDE TO US IN RELATION TO YOUR INCOM	<u>E</u> :	
<b>Group Certificates/Payment Summaries:</b> Including Centrelink Stater	ments and Pensions etc.	Yes / No
Number of certificates attached:		
Other Salary Income: including any directors' fees, commissions etc.		
Termination Payment Statements:		Yes / No
Interest Earned: on bank accounts. You may wish to provide us with the	e bank statements.	
Name of Bank Account No. Interest Received (\$) TFN	N Withholding (\$) Joint Accou	nt (Y/N)
Dividend Statements:		Yes / No
This includes dividend statements for cash dividends and Dividend	d Reinvestment Plan (DRP) allotr	ments. Althou
you do not physically receive money from a DRP, the company us	ses the amount owed to you in o	lividends to l
more shares on your behalf. This amount is therefore income for t	the purpose of your income tax r	eturn.
Trusts/Managed Funds Annual Taxation Statements: including BT	funds, Colonial and Westfield etc.	Yes / No
		Yes / No
Capital Gains:		

provide documentation of the purchase date and cost, as well as the sale date and proceeds.

8.	Rental Income: Yes / No Should you use an agent, please provide us with the annual summary provided by your agent.					
	Please notify us of:					
	- Total income received (i.e. rent and reimbursement of expenses by tenant)					
	- Total expenses paid (i.e. council and water rates, insurance, emergency services levy, repairs)					
	- Interest paid on loans as documented by the bank statements  Rental properties for which information is attached:					
	Also, if you purchased a property after 1 July 2021 please supply the settlement and purchase documents.					
9.	<b>Any other income:</b> Please provide details and documentation of any income you received that <u>either</u> doesn't fit into the above categories or for which the appropriate tax treatment is unknown, for example income from deceased estates.					
	PLEASE PROVIDE TO US IN RELATION TO YOUR <u>DEDUCTIONS</u> :					
1.	Motor Vehicle: Did you use your own car for business/work purposes throughout the year? Yes / No					
	If yes, please provide information for one of the following methods:					
	Log Book Method – Business % Use:					
	Business use percentage:%					
	Expenses incurred over the financial year:					
	Fuel & Oil: \$					
	Registration: \$					
	Insurance \$					
	Repairs and Maintenance: \$					
	<ul> <li>Interest paid on car loan (where applicable) and the cost of the car.</li> </ul>					
	<ul> <li>Copy of the hire purchase contract (where applicable).</li> </ul>					
	Lease payments (where applicable).					
	Kilometres Method:					
	If you have not kept a logbook, but use your car for work, you can still claim the kilometres you travelled for work					
	The maximum the tax office allows you to claim is 5,000 kilometres at a flat rate of 72 cents per kilometre.					
	Kilometres travelled:					

	Living away from home allowance:					
	If you have incurred expenses while living away from home, please include the receipts or a summary of your					
of pocket expenses.						
	Work Related self-education expense:					
	Course and other fees	\$				
	Books, stationery and equipment purchases	\$				
Seminars and travel	\$					
	Other work related expenses:					
Other work related expenses:  Home office expenses, computer and software  Home office expenses, Hours per week, how many weeks  Telephone/mobile phone  Tools and equipment, depreciation  Subscriptions and union fees  Journals/periodicals  Sun Protection Products (i.e. sunscreen and sunglasses)  Seminars and courses not with an educational institution  Any other work related deductions (please specify)	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	e: If you have attended University now or in the past and are po	ying off your fees through HECS	S then please			
	vide us with your HECS Statement to include in your return.					
١	Cialmana and assidant incomence /income nucleation.		Yes / N			
	Sickness and accident insurance/income protection:					
	Cialmana and anaidem	t insurance/income protection:	t insurance/income protection:			
S						
	Donations/school building fund:  EASE PROVIDE TO US IN RELATION TO REBATES:		Yes / N			
	Donations/school building fund:  EASE PROVIDE TO US IN RELATION TO REBATES:  Private Health Insurance: Do you have private health insurance?		Yes / N			
	EASE PROVIDE TO US IN RELATION TO REBATES:  Private Health Insurance: Do you have private health insurance?  Spouse:		Yes / N			
	EASE PROVIDE TO US IN RELATION TO REBATES:  Private Health Insurance: Do you have private health insurance?  Spouse:  Did you have a spouse for the full financial year?		Yes / N			
-	EASE PROVIDE TO US IN RELATION TO REBATES:  Private Health Insurance: Do you have private health insurance?  Spouse:					

	Have you made any personal contributions to a superannuation fund?	Yes / No
	If yes, please provide the notice of intent to claim form from your super fund.	
	Without this confirmation from your super fund no claim can be made.	
4.	Other: Please detail anything else you would like us to be aware of.	
I d	eclare that all the information supplied is correct and I have the required invoices/receipts to subst	antiate my
cla	ims.	
Sig	nature	
Da	to	

3. Superannuation: