

## 2025 TAX RETURN INFORMATION CHECKLIST FOR INDIVIDUALS

NAME:		OCCUPATION:	
HOME PHONE:		MOBILE:	
EMAIL:			
RESIDENTIAL ADDRESS:			
POSTAL ADDRESS:			
BANK ACCOUNT DETAILS:	BSB:	Account Number:	
	Account Name:		
EASE PROVIDE TO US II	N RELATION TO YOUR	INCOME:	
Group Certificates/Payment	Summaries: Including Centre	link Statements and Pensions etc.	Yes / No
Number of certificates attac	hed:		
Other Salary Income: including	ng any directors' fees, commissi	ons etc.	
Termination Payment State	ments:		Yes / No
Interest Earned: on bank acco	ounts. You may wish to provide	us with the bank statements.	
Name of Bank Accou	nt No. Interest Received (	(\$) TFN Withholding (\$) Joint Accou	unt (Y/N)
<b>Dividend Statements:</b>			Yes / No
This includes dividend stater	ments for cash dividends and	l Dividend Reinvestment Plan (DRP) allot	ments. Althou
you do not physically receive	e money from a DRP, the co	mpany uses the amount owed to you in	dividends to b
more shares on your behalf.	This amount is therefore inc	ome for the purpose of your income tax	return.
Trusts/Managed Funds Ann	ual Taxation Statements: inc	luding BT funds, Colonial and Westfield etc.	Yes / No
Capital Gains:			Yes / No
Capital gains are earned on t	he sale of assets, such as shar	res or property, acquired after 20 Septem	ber 1985. Plea

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, repa							
	- 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 2023 please supply the settlement and purchase documents						
9.	Any other income: 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 <u>one</u> 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 88 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:						
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)	\$					
	\$					
	\$\$ \$\$ \$\$					
	\$					
	\$					
	\$					
L	e: If you have attended University now or in the past and are pa	ying off your fees through	HECS then please			
	uida us with your LIFCC Ctatamant to include in your return					
	vide us with your HECS Statement to include in your return.					
١	Sickness and accident insurance/income protection:		Yes / N			
21	·					
-	Sickness and accident insurance/income protection:  Donations/school building fund:					
E	Sickness and accident insurance/income protection:  Donations/school building fund:  EASE PROVIDE TO US IN RELATION TO REBATES:		Yes / N			
	Sickness and accident insurance/income protection:  Donations/school building fund:		Yes / N			
	Sickness and accident insurance/income protection:  Donations/school building fund:  EASE PROVIDE TO US IN RELATION TO REBATES:  Private Health Insurance: Do you have private health insurance?  Spouse:		Yes / N Yes / N			
	Sickness and accident insurance/income protection:  Donations/school building fund:  EASE PROVIDE TO US IN RELATION TO REBATES:  Private Health Insurance: Do you have private health insurance?		Yes / N Yes / N			
	Sickness and accident insurance/income protection:  Donations/school building fund:  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 <u>NOTICE OF INTENT</u> 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.				
	eclare that all the information supplied is correct and I have the required invoices/receipts to substains.	antiate my			
Sig	gnature				
Da	te				

3. Superannuation: