

2016 INCOME TAX RETURN CHECKLIST

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MYRTLE BANK SA 5064

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Your Details

Tax File Number (TFN) ABN (if applicable)

Full Name

Are you a permanent resident of Australia? YES No If yes, what date did you apply for residency? / /

Do you have a working VISA? YES No

Residential Address

Postal Address (if different)

Occupation Male Female

Date of Birth / / Phone (Hm) Mobile

Phone (Wk) Email

Electronic Funds Transfer details

Name on Bank Account

Name of Bank BSB No. Account No.

Spouse details

Name TFN Date of Birth / /

Occupation Taxable Income \$

INCOME

PAYG Payment Summaries Summaries attached? YES No

| Employer Name | ABN | Gross Income | Tax Withheld | Allowances / FBT |
|---------------|-----|--------------|--------------|------------------|
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |

| Pensions/ Superannuation/ Australian Government Allowances & Payments | Gross Payment | Tax Withheld |
|---|---------------|--------------|
| Payment Type | \$ | \$ |

Interest Earned on Bank Accounts Statements attached? YES No

| Bank | BSB No. | Account No. | Joint Account | Amount | Tax Withheld |
|------|---------|-------------|--|--------|--------------|
| | | | YES <input type="checkbox"/> No <input type="checkbox"/> | \$ | \$ |
| | | | YES <input type="checkbox"/> No <input type="checkbox"/> | \$ | \$ |

Do you have any **Foreign Income**? YES No If yes, please provide all relevant documents

| Dividends Received | Statements attached? YES <input type="checkbox"/> No <input type="checkbox"/> | Unfranked | Franked | Imputation Credit |
|--------------------|---|-----------|---------|-------------------|
| Name of Company | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |

| Trust/ Partnership Distributions Received | | | Statements attached? YES <input type="checkbox"/> No <input type="checkbox"/> |
|---|--------|-------------------|---|
| Name | Amount | Imputation Credit | |
| | \$ | \$ | |
| | \$ | \$ | |

| Business Income | YES <input type="checkbox"/> No <input type="checkbox"/> | Please Provide all related income and expenditure | GST registered | YES <input type="checkbox"/> No <input type="checkbox"/> |
|------------------|--|---|----------------|--|
| Name of Business | | | | |
| | | | | |
| | | | | |

| Other Income | | | | Supply all relevant documentation |
|--|--|--|------------------|-----------------------------------|
| Did you sell shares, investments or property this year? YES <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Purchase Price \$ | | | Sale Price \$ | |
| Date of Purchase / / | | | Date of Sale / / | |

| Rental Property Income | Statements attached? YES <input type="checkbox"/> No <input type="checkbox"/> |
|------------------------|---|
| Notes: | |

DEDUCTIONS

| Motor Vehicle Travel | | | | (eg. travel between places of employment) | YES <input type="checkbox"/> No <input type="checkbox"/> |
|---|---------|-----------------|---------|---|--|
| KMS Travelled | Vehicle | Engine Capacity | Reg No. | | |
| Reasonable estimate on (please supply): Log Book <input type="checkbox"/> Diary <input type="checkbox"/> Other <input type="checkbox"/> Please state if other _____ | | | | | |

| Work Related Travel | | | | (includes travel costs, meals, accommodation & incidentals) | YES <input type="checkbox"/> No <input type="checkbox"/> |
|--|---------|--------|----------|---|--|
| Date | Details | Amount | Business | | |
| / / | | \$ | % | | |
| / / | | \$ | % | | |
| Was the duration longer than six (6) nights YES <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| If yes, did you keep a travel diary? YES <input type="checkbox"/> No <input type="checkbox"/> Please attach copy | | | | | |

| Laundry/ Uniforms/ Protective Clothing | | YES <input type="checkbox"/> No <input type="checkbox"/> |
|--|--------|--|
| Details | Amount | |
| | \$ | |

| | | | |
|--|---------|----|----|
| Seminars, Conferences, Study and Exam Expenses YES <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Date / / | Details | \$ | \$ |
| Date / / | Details | \$ | \$ |
| Date / / | Details | \$ | \$ |

| | | | |
|---|----|--------------|----|
| Gifts or Donations (eg. charities, schools building fund) YES <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Organisation | \$ | Organisation | \$ |
| | \$ | | \$ |

| | |
|---|----|
| Accounting Fees/ Tax Agent Fees YES <input type="checkbox"/> No <input type="checkbox"/> | |
| Firm Name | \$ |

| | | |
|---|------------|-----------------|
| Income Protection Insurance YES <input type="checkbox"/> No <input type="checkbox"/> | | |
| Insurer | Policy No. | Premium Paid \$ |

HOME, OFFICE AND WORK RELATED EXPENSES

| Capital Items Purchased - Work Related (computer, phone, etc.) | Date of Purchase | Amount | Business Use |
|--|------------------|--------|--------------|
| Description | / / | \$ | % |
| | / / | \$ | % |
| | / / | \$ | % |

| |
|---|
| Home Office |
| Do you have a separate study for work? YES <input type="checkbox"/> No <input type="checkbox"/> Hours spent per week ____ hours x ____ weeks @ 34c/hour |

| Internet - <i>work related only</i> YES <input type="checkbox"/> No <input type="checkbox"/> | Amount | Business Use |
|--|--------|--------------|
| Provider | \$ | % |
| | \$ | % |

| Office Equipment, Library, Reference Journals YES <input type="checkbox"/> No <input type="checkbox"/> | Date of Purchase | Amount |
|--|------------------|--------|
| Item(s) | / / | \$ |
| | / / | \$ |
| | / / | \$ |

| | | | |
|--|----|-------|----|
| Stationery, Photocopying, Repairs and Maintenance of Equipment YES <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Printing, stationery and photocopying | \$ | Other | \$ |
| Equipment repairs and maintenance | \$ | Other | \$ |

| | | | |
|---|----|---------|----|
| Subscriptions YES <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Details | \$ | Details | \$ |
| Details | \$ | Details | \$ |
| Details | \$ | Details | \$ |

| | | | |
|--|---|--------|--------------|
| Phone (mobile and landline/ work related only) YES <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Cost\$ | Date of Purchase / / <i>only if purchased during the current financial year</i> | | |
| Date | Details | Amount | Business Use |
| | | \$ | % |
| | | \$ | % |

TAX OFFSETS

| | | | |
|--|----|---------|----|
| Medical Expenses YES <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Details | \$ | Details | \$ |
| | \$ | | \$ |

| | |
|--|---|
| Private Health Insurance YES <input type="checkbox"/> No <input type="checkbox"/> | |
| Fund Name | Date Covered / / to / / |
| No. of Dependent Children | Level of Cover (eg. combined/ hospital) |
| Membership No. | |

OTHER

| | | |
|--|------------------|-----------------|
| Do you have an outstanding HELP/ SFSS Debt YES <input type="checkbox"/> No <input type="checkbox"/> | | |
| Amount (HELP) \$ | Amount (SFSS) \$ | Year Loan Taken |

Please fee I free to make notes for Nitschke Nancarrow to assist in preparing your Income Tax Return
