2014 Individual Tax Return Checklist



			Boliesa Akison Oralined Accordans
Client Name:		Date:	
 Return. Please take the time to complete Identify and provide the inform Minimise the queries from us described 	will require from you in order to attend to the this Checklist as it is a very important part of nation we need to prepare your return during the process return efficiently and within our agreed timefran	the accour	nting process. It helps you:
Authorisation		and exp	
Please complete the Authorisation belo	ow as this confirms the scope of our work and a surance broker) to obtain any further informat		· -
•	ants to complete the preparation of my incomplete the preparation of my incomplete tants to carry out an Audit or formal Investigation		•
I authorise CapitalQ Chartered Accounta above work.	ants to obtain whatever information is required	from appli	cable third parties to complete the
Client Signature:			
Date:			
Undate of Address Datails			
Update of Address Details To ensure that our records are up to dail	te, please provide us with any changes to the fo	llowing de	tails:
Name: (Mr / Mrs / Ms / Miss)	te, please provide as with any changes to the lo	nowing de	tuiis.
Physical Address:			
Postal Address:			
Email:			
Work Ph. / Home Ph. / Fax:			
Mobile Phone:			
Marital Status:			
Spouse's Name & DOB:			
Dependants' Name(s) & DOB(s):			
Occupation:			
Bank Account Details (for Refund):	BSB: Account	No:	

1. First Time Income Tax Returns	Yes	No	N/A
If we are preparing your return for the first time, please provide a copy of your last lodged return.			
2. Salary & Wages, Allowances, Lump Sums & ETPs, Government & Super Incomes		No	N/A
Please provide copies of all Payment Summaries and related documentation received in relation to Salary & Wages, Allowances, Lump Sums & ETPs, Government & Super incomes.			
3. Interest Income	Yes	No	N/A
Please provide a summary of Interest income including any tax withheld on interest payments.			
4. Dividend and Trust (incl. Managed Funds) Income	Yes	No	N/A
Please provide copies of all Dividend and Trust (Managed Fund) Distribution Statements or your Financial Administrators Tax Summary Reports.			
5. Rental Income	Yes	No	N/A
Please complete our Rental Property Information Checklist available from our web site at www.capitalq.com.au .			
6. Investment / Asset Sales (including Shares & Property)	Yes	No	N/A
For each investment and/or asset sale or other disposal, please provide the following details and documentation (Note: Failure to provide all information will result in a delay in processing of your return, potentially an increase in accounting fees and potentially a higher income tax liability than necessary): • Purchase Date • Purchase Cost • Sale Date • Sale Proceeds / Price • For investments subject to Mergers and other Corporate Restructures please provide full details and documentary history (ie. Correspondence from the Company) • For properties please provide the Offer & Acceptances and Settlement Statements at both acquisition and disposal			
7. Work Related Car Expenses	Yes	No	N/A
Please complete our Motor Vehicle Information Checklist available from our web site at www.capitalq.com.au .			
8. Other Work Related Expenses	Yes	No	N/A
Please provide a summary of other work related expenses including — Travel Uniform, Protective Clothing, Laundry Self-Education Home office Computer Telephone / Mobile Subscriptions & Union Fees Other			
9. Other Deductions	Yes	No	N/A
Please provide a summary of other deductions including — Donations Cost of managing tax affairs (if not CapitalQ) Personal superannuation contributions Expenses relating to investments (including interest and administration costs) Income Protection Insurance			
Tax losses carried forward from previous yearsOther			

10. Private Health Insurance		No	N/A		
Please provide a copy of your Private Health Insurance Tax Statement.					
11. Tax Offsets		No	N/A		
Did you live in a remote area of Australia or serve overseas with the ADF or UN Armed Forces? If so, please provide a summary of nights spent in a remote area or overseas.					
Did you receive a Medical Expenses Offset in 2013 and have <u>net</u> out of pocket medical expenses this year (not including private health insurance premiums) over \$2,162? If so, please provide a summary of this year's net out of pocket expenses.					
Do you believe you are entitled to any other tax offsets or rebates, if so please advise?					
12. Income Tests (Applicable to Family Tax Benefit, HECS, Medicare Levy, Etc)	Yes	No	N/A		
 Fringe Benefits from your Employer, Superannuation Contributions from your Employer over and above your legal minimum entitlement (ie. Salary Sacrificed Superannuation Contributions), Tax Free Government Pensions or Payments? And/ or did you pay - Child Support, Superannuation contributions on behalf of your spouse? If yes to any of the above, please provide details. 					
13. Other Items	Yes	No	N/A		
Are you entitled to a Medicare Levy exemption or reduction?					
Did you residency status change during the year?					
Do you have a HECS/HELP debt?					
Did you pay any PAYG Instalments (tax instalments) during the year?					
Did you have a Spouse <u>and</u> have Private Health Insurance <u>and</u> wish to Claim a Private Health Insurance Rebate? If you can answer yes to all three, we must prepare your and your Spouses 2014 Returns at the same time OR you need to provide us with full details of your Spouses Taxable Income including Reportable Fringe Benefits, Reportable Super Contributions and Investment Losses.					
14. Other Relevant Information					
If you received any other income (ie. Employee Shares, Foreign Income, Royalties) please provide	le full de	etails.			
If you operated a business as a Sole Trader, please complete our 2014 Business Year End Compliance Work					
Checklist available from our web site at www.capitalq.com.au .					
Other details -					