

# 2015 Individual Tax Return Checklist



**Client Name:**

**Date:**

Below is a Checklist of information we will require from you in order to attend to the preparation of your Individual Income Tax Return. Please take the time to complete this Checklist as it is a very important part of the accounting process. It helps you:

- Identify and provide the information we need to prepare your return
- Minimise the queries from us during the process
- Ensure we can complete your return efficiently and within our agreed timeframe and expected fee

## Authorisation

Please complete the Authorisation below as this confirms the scope of our work and allows us to contact necessary organisations, (eg. your bank, financial advisor, or insurance broker) to obtain any further information that may be required to complete your return.

I authorise CapitalQ Chartered Accountants to complete the preparation of my income tax return for the 2015 financial year. I do not require CapitalQ Chartered Accountants to carry out an Audit or formal Investigation of the information supplied or the return produced.

I authorise CapitalQ Chartered Accountants to obtain whatever information is required from applicable third parties to complete the above work.

<b>Client Signature:</b>	<input type="text"/>
<b>Date:</b>	<input type="text"/>

## Update of Address Details

To ensure that our records are up to date, please provide us with any changes to the following details:

<b>Name: (Mr / Mrs / Ms / Miss)</b>	Has this changed from last year? Yes / No	
<b>Physical Address:</b>	<input type="text"/>	
<b>Postal Address:</b>	<input type="text"/>	
<b>Email:</b>	<input type="text"/>	
<b>Work Ph. / Home Ph. / Fax:</b>	<input type="text"/>	
<b>Mobile Phone:</b>	<input type="text"/>	
<b>Marital Status:</b>	Has this changed from last year? Yes / No	
<b>Spouse's Name &amp; DOB:</b>	<input type="text"/>	
<b>Dependants' Name(s) &amp; DOB(s):</b>	<input type="text"/>	
<b>Occupation:</b>	<input type="text"/>	
<b>Bank Account Details (for Refund):</b>	<b>BSB:</b> <input type="text"/>	<b>Account No:</b> <input type="text"/>

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Salary & Wages, Allowances, Lump Sums & ETPs, Government & Super Incomes	Yes	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Interest Income	Yes	No	N/A
Please provide a summary of Interest income including any tax withheld on interest payments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Rental Income	Yes	No	N/A
Please complete our <b>Rental Property Information Checklist</b> available from the “Downloads” section (under “Media”) of our web site at <a href="http://www.capitalq.com.au">www.capitalq.com.au</a> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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):			
<ul style="list-style-type: none"> <li>• Purchase Date</li> <li>• Purchase Cost</li> <li>• Sale Date</li> <li>• Sale Proceeds / Price</li> <li>• For investments subject to Mergers and other Corporate Restructures please provide full details and documentary history (ie. Correspondence from the Company)</li> <li>• For properties please provide the Offer &amp; Acceptances <u>and</u> Settlement Statements at both acquisition and disposal</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Work Related Car Expenses	Yes	No	N/A
Please complete our <b>Motor Vehicle Information Checklist</b> available from the “Downloads” section (under “Media”) our web site at <a href="http://www.capitalq.com.au">www.capitalq.com.au</a> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Other Work Related Expenses	Yes	No	N/A
Please provide a summary of other work related expenses including –			
<ul style="list-style-type: none"> <li>• Travel</li> <li>• Uniform, Protective Clothing, Laundry</li> <li>• Self-Education</li> <li>• Home office</li> <li>• Computer</li> <li>• Telephone / Mobile</li> <li>• Subscriptions &amp; Union Fees</li> <li>• Other</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Other Deductions	Yes	No	N/A
Please provide a summary of other deductions including –			
<ul style="list-style-type: none"> <li>• Donations</li> <li>• Cost of managing tax affairs (if not CapitalQ)</li> <li>• Personal superannuation contributions</li> <li>• Expenses relating to investments (including interest and administration costs)</li> <li>• Income Protection Insurance</li> <li>• Tax losses carried forward from previous years</li> <li>• Other</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Private Health Insurance	Yes	No	N/A
Please provide a copy of your Private Health Insurance Tax Statement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Tax Offsets	Yes	No	N/A
Did you live in a remote area of Australia (not including an offshore oil or gas rig) 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Medical Expenses Offset in 2013 <b>and</b> 2014 <b>and</b> have medical expenses in 2015? <b>Or</b> did you pay for medical expenses relating to disability aids, attendant care or aged care in 2015? If so, please provide a summary of this year's net out of pocket expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you believe you are entitled to any other tax offsets or rebates, if so please advise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Income Tests (Applicable to Family Tax Benefit, HECS, Medicare Levy, Etc)	Yes	No	N/A
<p>Did you receive any of the following –</p> <ul style="list-style-type: none"> <li>• Fringe Benefits from your Employer,</li> <li>• Superannuation Contributions from your Employer over and above your legal minimum entitlement (ie. Salary Sacrificed Superannuation Contributions),</li> <li>• Tax Free Government Pensions or Payments?</li> </ul> <p>And/ or did you pay -</p> <ul style="list-style-type: none"> <li>• Child Support,</li> <li>• Superannuation contributions on behalf of your spouse?</li> </ul> <p>If yes to any of the above, please provide details.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Other Items	Yes	No	N/A
Are you entitled to a Medicare Levy exemption or reduction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you residency status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a HECS/HELP debt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any PAYG Instalments (tax instalments) during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 2015 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Other Relevant Information			
If you received any other income (ie. Employee Shares, Foreign Income, Royalties) please provide full details.			
If you operated a business as a Sole Trader, please complete our <b>2015 Business Year End Compliance Work</b>			
<b>Checklist</b> available from the “Downloads” section (under “Media”) of our web site at <a href="http://www.capitalq.com.au">www.capitalq.com.au</a> .			
Other details -			