

2016 Individual Tax Return Checklist



Your Full 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.

PLEASE NOTE: If there is relevant information you are unable to provide at this time, it could result in a delay in the processing of your return and could result in us having to spend more time doing so than is optimal. This could also therefore potentially result in an increased fee than might otherwise be the case. So please do your best to provide all relevant information upfront wherever possible.

Update of Contact Details

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

If your Name has changed, please provide details:	
Physical Address:	
Postal Address:	
Email:	
Work Phone / Home Phone:	
Mobile Phone:	
Marital Status:	Has this changed from last year? Yes / No
Spouse's Name & DOB:	
Dependants' Name(s) & DOB(s):	
Occupation:	
Bank Account Details (for Refund):	BSB: Account No:
First Time Income Tax Returns	Enclosed 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"/>
Salary & Wages, Allowances, Lump Sums & ETPs, Government & Super Incomes	Enclosed N/A
Please provide copies of all Payment Summaries and related documentation received in relation to Salary & Wages, Allowances, Lump Sums & ETPs, Government & Super income payments.	<input type="checkbox"/> <input type="checkbox"/>
Interest Income	Enclosed N/A
Please provide a summary of Interest income including any tax withheld on interest payments.	<input type="checkbox"/> <input type="checkbox"/>

Dividend and Trust (incl. Managed Funds) Income	Enclosed	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"/>
Rental Income	Enclosed	N/A
Please complete our Rental Property Information Checklist available from the “Downloads” section (under “Media”) of our web site at www.capitalq.com.au .	<input type="checkbox"/>	<input type="checkbox"/>
Investment / Asset Sales (including Shares & Property)	Enclosed	N/A
For each investment and/or asset disposal (including your Home if it has been used for income producing purposes in the past), please provide the following details and documentation: <ul style="list-style-type: none"> • Purchase Date • Purchase Cost (plus costs of additions and improvements if relevant) • Sale Date • Sale Proceeds / Price • For investments subject to Mergers and other Corporate Restructures please provide full details and documentary details (ie. Correspondence from the Company) • For properties, please provide the Offer & Acceptance <u>and</u> Settlement Statement at both Acquisition <u>and</u> Disposal. 	<input type="checkbox"/>	<input type="checkbox"/>
Work Related Car Expenses	Enclosed	N/A
Please complete our Motor Vehicle Information Checklist available from the “Downloads” section (under “Media”) of our web site at www.capitalq.com.au .	<input type="checkbox"/>	<input type="checkbox"/>
Other Work Related Expenses	Enclosed	N/A
Please provide a summary of any other work related expenses you may have incurred including – <ul style="list-style-type: none"> • Travel • Uniform, Protective Clothing, Laundry • Self-Education • Home office • Computer • Telephone / Mobile • Subscriptions & Union Fees • Other 	<input type="checkbox"/>	<input type="checkbox"/>
Other Deductions	Enclosed	N/A
Please provide a summary of any other deductible expenses you may have incurred including – <ul style="list-style-type: none"> • 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 years • Other 	<input type="checkbox"/>	<input type="checkbox"/>
Private Health Insurance	Enclosed	N/A
Please provide a copy of your Private Health Insurance Tax Statement.	<input type="checkbox"/>	<input type="checkbox"/>
Tax Offsets	Yes	No
Was your “usual place of residence” in a remote area of Australia (not including an offshore oil or gas rig) or did you serve overseas with the ADF or UN Armed Forces? If so, please provide a summary of the number of nights your residence was in the remote area and/or you were overseas.	<input type="checkbox"/>	<input type="checkbox"/>
Did you have medical expenses relating to disability aids, attendant care or aged care? If so, please provide a summary of this year’s net out of pocket expenses.	<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"/>

Income Tests (Applicable to Family Tax Benefit, HECS, Medicare Levy, Etc)	Yes	N/A
<p>Did you receive any of the following –</p> <ul style="list-style-type: none"> 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? <p>And/ or did you pay -</p> <ul style="list-style-type: none"> Child Support, Superannuation contributions on behalf of your spouse? <p>If yes to any of the above, please provide details.</p>	<input type="checkbox"/>	<input type="checkbox"/>
Other Items	Yes	N/A
Are you entitled to a Medicare Levy exemption or reduction?	<input type="checkbox"/>	<input type="checkbox"/>
Did you residency status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a HECS/HELP debt?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any PAYG Instalments (tax instalments) during the year?	<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 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"/>
Other Relevant Information		
If you received any other income (ie. Taxable Government Pensions and similar payments, Taxable Payments from Superannuation, Employee Shares, Foreign Income, Royalties) please provide full details.		
If you operated a business as a Sole Trader, please complete our 2016 Business Year End Compliance Work Checklist available from the “Downloads” section (under “Media”) of our web site at www.capitalq.com.au .		
Any Other Relevant Details -		