



Certified Practising Accountants
 ABN 57 762 893 052

Existing Client Details Form

Full Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate
Address	
Address (postal) (Put 'as above' if the same)	
Telephone contacts	Mobile:
	Business Hours (work) :
	After Hours (home):
Preferred Method of Contact	<input type="checkbox"/> Email <input type="checkbox"/> Phone call
Email	
Electronic banking Details (for refund if applicable)	BSB:
	Account Number:
Fee from Refund	Do you wish to use this service if eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please note that one checklist MUST be completed per person, per tax return

2019 Individual Income Tax Return Checklist

Income – Please provide evidence	Yes	No	Unsure
1. Salary or wages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Allowances, earnings, tips, director's fees etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Employer lump sum payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Employment termination payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Australian Government allowances and payments like Newstart, Youth Allowance and Austudy payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Australian Government pensions and allowances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Australian annuities and superannuation income streams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Australian superannuation lump sum payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Attributed personal services income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Gross Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Dividends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Employee share schemes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Distributions from partnerships and/or trusts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Personal services income (PSI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Net income or loss from business (as a sole trader)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Deferred non-commercial business losses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Net farm management deposits or repayments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Capital gains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Foreign entities:			
– Direct or indirect interests in a controlled foreign company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Transfer of property or services to a non-resident trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Foreign source income (including foreign pensions) and foreign assets or property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Bonuses from life insurance companies or friendly societies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Forestry managed investment scheme income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Other income (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Please specify further details)

Deductions – Please provide evidence	Yes	No	Unsure
D1. Work related car expenses			
<p>– Cents per kilometre method (up to a maximum of 5,000 kms)</p> <p>1. Please advise how you use your vehicle for work?</p> <p>2. Please provide work related KM's travelled during the year:</p> <p>.....</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>– Log book method:</p> <p>1. Advise the work related percentage as per logbook held:%</p> <p>2. Is this logbook less than 5 years old <input type="checkbox"/> - YES <input type="checkbox"/> - NO</p> <p>3. Please advise how you use your vehicle for work?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D2. Work related travel expenses**Employee domestic travel with a reasonable travel allowance**

– If the claim is more than the reasonable travel allowance rate, do you have receipts for your expenses?

Overseas travel with a reasonable travel allowance

– Do you have receipts for accommodation expenses?

– If travel is for 6 or more nights in a row, do you have travel records? (e.g. a travel diary)

Employee without a reasonable travel allowance

– Did you incur and have receipts for airfares?

– Did you incur and have receipts for accommodation?

– Did you incur and have receipts for hire cars (if applicable)?

– Did you incur and have receipts for meals and incidental expenses?

– Do you have any other travel expenses?

Other work-related travel expenses (e.g., a borrowed car, public transport)

(Please specify further details e.g. Work portion of trips, private use to be removed, main purpose of travel)

D3. Work related uniform and other clothing expenses

Protective clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupation specific clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-compulsory uniform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compulsory uniform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conventional clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry expenses - <i>Please specify:</i> 1. Provide details regarding uniform including whether it is compulsory: 2. Where a logo uniform is compulsory and worn, please specify below the number of washes per week, how many weeks per year and if this is an isolated wash or done together with general washing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry cleaning expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other claims such as mending/repairs, etc (<i>Please Specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Please specify further details)</i>			

D4. Work related self-education expenses

Course taken at educational institution:

- Union fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Course fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Books, stationery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify below further details to the nature of the study including the direct link to income earned to this financial year:

D5. Other work related expenses

<p>Home office expenses</p> <p>1. Do you hold diary evidence to substantiate this claim: <input type="checkbox"/> YES <input type="checkbox"/> NO A diary of 4 weeks is required to be held but it is not necessary to supply.</p> <p>2. Where the ATO cents per hour claim is available, please advise the number of hours spent per week and the number of weeks spent per year using the home office.</p> <p>Total Hours:</p> <p>Total Weeks:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Computer and software</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Telephone/mobile phone</p> <p>1. Do you hold diary evidence to substantiate this claim: <input type="checkbox"/> YES <input type="checkbox"/> NO A diary of 4 weeks is required to be held but it is not necessary to supply.</p> <p>2. Please advise the work related use % and total \$ expense for the year. % Total: \$.....</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tools and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subscriptions and union fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Journals/periodicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depreciation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun protection products (i.e., sunscreen and sunglasses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seminars and courses not at an educational institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other work related deductions (<i>Please specify further details</i>)			
Other types of deductions			
D6. Low value pool deduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D7. Interest deductions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D8. Dividend deductions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D9. Gifts or donations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D10. Cost of managing tax affairs <ul style="list-style-type: none"> Interest charged by the ATO (e.g., including SIC and GIC) Litigation costs Other expenses incurred in managing tax affairs 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D11. Deductible amount of undeducted purchase price of a foreign pension or annuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D12. Personal superannuation contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full name of fund: Account no:			
Fund ABN: Fund TFN:			

- Have you provided the fund a notice of intention to deduct the contribution? Please supply the notice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has this notice been acknowledged by the fund? Please supply the acknowledgement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D13. Deduction for project pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other types of deductions (continued)			
D14. Forestry managed investment scheme deduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D15. Other deductions <i>(Please specify further details)</i>			
L1. Tax losses of earlier income years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Investment Property – Please provide evidence	Yes	No	Unsure
Investment Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Rental Statements from Agent or Details of Rental Received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Water Charges/Council Rates Notices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Full year (1/7/18 – 30/6/19) Loan Statements showing bank fees, borrowing costs, interest charges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Did you draw (borrow) from the loan during the financial year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Details of period property was rented			
- Rental Property purchase/sale documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Capital Costs E.g Improvements, assets purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Expenses <ul style="list-style-type: none"> • Advertising • Agent Fees • Body Corporate • Repairs & Maintenance including cleaning, gardening, lawn mowing 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Land tax and Details of Government Rebates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Please specify further details)</i>			

Tax offsets/rebates – Please provide evidence		Yes	No	Unsure
T1.	Are you a senior Australian or a pensioner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T2.	Did you receive an Australian superannuation income stream?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T3.	Did you make superannuation contributions on behalf of your spouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T4.	Did you live in a remote area of Australia or serve overseas with the Australian defence force or the UN armed force in the 2019 income year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T5.	Did you have net medical expenses for disability aids, attendant care or aged care in the 2019 income year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T6.	Did you maintain a dependant who is unable to work due to invalidity or carer obligations in the 2019 income year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T7.	Are you entitled to claim the landcare and water facility tax offset?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T8.	Are you involved in an early stage venture capital limited partnership?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T9.	Are you an early stage investor in an early stage innovation company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T10.	Are you entitled to any other non-refundable tax offsets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T11.	Are you entitled to any other refundable tax offsets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Please specify further details)</i>				

Other relevant information – Please provide evidence		Yes	No	Unsure
A.	Are you entitled to the Medicare levy exemption or reduction in the 2019 income year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Did you and your spouse/dependants have private health insurance in the 2019 income year? <i>(If yes, please provide the annual statement received from your health fund)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Were you under the age of 18 on 30 June 2019?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Did you become an Australian tax resident at any time during the income year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Did you cease to be an Australian tax resident at any time during the income year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. Did you make a non-deductible (non-concessional) personal super contribution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Do you have a HELP liability, Student Financial Supplement Loan debt, Student Start-up Loan debt or Trade Support Loan debt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Are you a working holiday maker in Australia on a 417 (working holiday) visa or 462 (working holiday) visa?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Did a trust or company distribute income to you in respect of which Family Trust Distribution Tax (FTDT) was paid by the trust or company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Do you have a loan with a private company at 30 June 2019 or has such a loan amount been forgiven in the 2019 income year? Has a private company made a payment to you in the 2019 income year (other than a dividend)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Did you receive any benefit from an employee share acquisition scheme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Family Tax Benefit ('FTB'):			
- Did you have care of a dependent child in the 2019 income year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Did you or your spouse receive FTB through the Department of Human Services in the 2019 income year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Please specify further details)</i>			

Other relevant information – Please provide evidence	Yes	No	Unsure
Income tests information			
- Do you have any reportable fringe benefits amounts in the 2019 income year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Do you have any reportable employer superannuation contributions in the 2019 income year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Did you receive any tax-free government pensions in the 2019 income year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Did you receive any target foreign income in the 2019 income year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Did you have a net financial investment loss in the 2019 income year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Did you have a net rental property loss in the 2019 income year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Did you pay child support in the 2019 income year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Number of dependent children?			
Spouse details (if applicable)			
<p>- Did you have a spouse for the full year from 1 July 2018 to 30 June 2019? If you had a spouse for only part of the income year, please specify the dates between 1 July 2018 to 30 June 2019 when you had a spouse:</p> <p>From ____ / ____ / _____ to ____ / ____ / _____</p> <p>- What was your spouse's taxable income for the 2019 income year? \$</p> <p>- Spouse Full Name:</p> <p>- Spouse's Date of Birth:</p> <p>- Spouse's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate</p>	<input type="checkbox"/>	<input type="checkbox"/>	
- Does your spouse have a share of trust income on which the trustee is assessed under Section 98 that has not been included in your spouse's taxable income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Did a trust or company distribute income to your spouse in respect of which family trust distribution tax was paid by the trust or company for the 2019 income year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Did your spouse have any reportable fringe benefits amounts for the 2019 income year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Did your spouse receive any Australian Government pensions or allowances (not including exempt pension income) in the 2019 income year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Did your spouse receive any exempt pension income in the 2019 income year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Did your spouse receive any tax-free government pensions paid under the <i>Military Rehabilitation and Compensation Act 2004</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Does your spouse have any reportable employer superannuation contributions or deductible personal superannuation contributions for the 2019 income year??	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Did your spouse receive any 'target foreign income' in the 2019 income year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Did your spouse have a total net investment loss (i.e., the total of any financial investment loss and a rental property loss) for the 2019 income year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Did your spouse pay child support during the 2019 income year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

– If your spouse is aged between their preservation age and 59 years old, did they receive a superannuation lump sum (other than a death benefit) during the 2019 income year that included a taxed element that does not exceed their low rate cap?

Additional notes/concerns:

Please support this office by completing this checklist and responding to our follow up queries with as much details as possible. Failure to complete this checklist or provide information may result in missed deductions and therefore a less desirable outcome.