

NAME	ADDRESS
DOB	TFN / ABN
OCCUPATION	SPOUSE: (NAME + DOB)
MOBILE	BANK DETAILS

DEDUCTIONS (Please provide evidence)	YES	NO	UNSURE
D1. Work related car expenses			
<input type="checkbox"/> Cents per kilometre method (maximum of 5,000 kms)			
<input type="checkbox"/> Log book method, incl. interest on loans, insurance, fuel, services, Rego, tyres, batteries			
D2. Work related travel expenses			
Employee domestic travel with a reasonable travel allowance			
<input type="checkbox"/> 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			
<input type="checkbox"/> Do you have receipts for accommodation expenses?			
<input type="checkbox"/> 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			
<input type="checkbox"/> Did you incur and have receipts for airfares?			
<input type="checkbox"/> Did you incur and have receipts for accommodation?			
<input type="checkbox"/> Did you incur and have receipts for hire cars (if applicable)?			
<input type="checkbox"/> Did you incur and have receipts for meals and incidental expenses?			
<input type="checkbox"/> Do you have any other travel expenses?			
D3. Work related uniform and other clothing expenses			
Protective clothing			
Occupation specific clothing			
Non-compulsory uniform			
Compulsory uniform			
Conventional clothing			
Laundry expenses (up to \$150 without receipts)			
Dry cleaning expenses			
Other claims such as mending/repairs, etc (please specify)			
D4. Work related self-education expenses			
Course taken at educational institution:			
<input type="checkbox"/> Course fees			
<input type="checkbox"/> Books, stationery			
<input type="checkbox"/> Travel			
<input type="checkbox"/> Other			
D5. Other work-related expenses			
Home office expenses (No. of hours worked from home)			
Computer and software			
Telephone/mobile phone			
Tools and equipment			
Subscriptions and union fees			
Journals/periodicals			
Sun protection products (i.e., sunscreen and sunglasses)			
Seminars and courses not at an educational institution			
Internet			
Printing and stationery			
Books			
Any other work-related deductions?			
Other types of deductions			
D6. Low value pool deduction			
D7. Interest deductions			
D8. Dividend deductions			
D9. Gifts or donations			
D10. Cost of managing tax affairs			
<input type="checkbox"/> Interest charged by the ATO (e.g., including SIC and GIC)			
<input type="checkbox"/> Litigation costs			
<input type="checkbox"/> Other expenses incurred in managing tax affairs			
D12. Personal superannuation contributions			
Full name of fund: _____ Member no: _____			
Fund ABN: _____ \$: _____			
<input type="checkbox"/> Have you provided the fund a notice of intention to deduct the contribution?			
<input type="checkbox"/> Has this notice been acknowledged by the fund?			
D15. Income protection premiums (not paid for by superfund)			

INCOME (please provide evidence)	YES	NO	UNSURE
Salary or wages (income statements)			
Allowances, earnings, tips, director's fees etc.			
Employer lump sum payments			
Employment termination payments			
Australian Government allowances and payments such as JobSeeker, Youth Allowance and Austudy			
Australian Government pensions and allowances			
Australian annuities and superannuation income streams			
Australian superannuation lump sum payments			
Personal services income (PSI)			
Net income or loss from business (as a sole trader) including total gross income and business expenses such as insurance, rent, payments to contractors, wages, business vehicle expenses, materials, tools, advertising, phone, printing, stationery and bookkeeping			
Income from Investments			
Gross Interest			
Dividends			
Employee share schemes (Annual Statement)			
Distributions from partnerships and/or trusts			
Capital gains statements			
Buy & Sell Notes for share trades			
Settlement Statement for sale of property, including Settlement Statement for original purchase of property			
Managed Fund Annual Tax Statements			
Investment properties (see separate checklist)			
Overseas income (foreign source income)			
Foreign salary & foreign tax paid			
Foreign pensions received			
Foreign investment income (dividends & bank interest)			
Foreign rental property income			
Foreign rental property expenses			
Other income			
Other income (specify)			

OTHER RELEVANT INFORMATION (Please provide evidence)	YES	NO	UNSURE
A. Are you entitled to the Medicare levy exemption or reduction? (If yes, please specify)			
B. Did you and your spouse/dependents have private health insurance? (If yes, please provide the annual statement received from your health fund)			

OTHER RELEVANT INFORMATION (Please provide evidence)	YES	NO	UNSURE
Income tests information			
A Did you pay child support?			
B Did your spouse pay child support?			
C Number of dependant children?			
Spouse details (if applicable)			
A Did you have a spouse for the full year? If you had a spouse for only part of the income year, please specify the dates			
B What was your spouse's taxable income for the year?	\$		
C What were your spouse's reportable fringe benefits for the year?	\$		
D What were your spouse's investment losses for the year?	\$		

Additional notes/concerns: _____

Dated: _____

Signature of taxpayer _____ Name (print) _____