

INDIVIDUAL INCOME TAX RETURN CHECKLIST

Note: this list is not exhaustive. Please provide any additional information relevant to your circumstances.

Income	
PAYG Payment Summary/s from your employer/s or super fund	<input type="checkbox"/>
Centrelink Payment Summary/s	<input type="checkbox"/>
Interest received – bank accounts or term deposits	<input type="checkbox"/>
Eligible Termination Payments or Long Service Leave Payments	<input type="checkbox"/>
Rental property Income	<input type="checkbox"/>
Investment income – dividend statements, managed fund statements, foreign income, trust distribution income (eg from investments in BT or Colonial)	<input type="checkbox"/>
Details of sale of Investment assets such as shares and rental properties	<input type="checkbox"/>

Expenses	
Clothing/uniform costs (dry cleaning, uniform purchases or alterations)	<input type="checkbox"/>
Protective clothing (work boots, overalls, aprons, masks, gloves)	<input type="checkbox"/>
Donations	<input type="checkbox"/>
Education costs related to your work activities (course fees, textbooks, stationery, etc)	<input type="checkbox"/>
Conferences/seminar costs (fees, travel, accommodation)	<input type="checkbox"/>
Income protection insurance	<input type="checkbox"/>
Professional association fees or subscriptions	<input type="checkbox"/>
Sun protection (sunscreen, hats, sunglasses)	<input type="checkbox"/>
Tools and equipment	<input type="checkbox"/>
Stationery, postage, printing	<input type="checkbox"/>
Telephone/Mobile	<input type="checkbox"/>
Internet	<input type="checkbox"/>
Union fees	<input type="checkbox"/>
Travel costs related to your work activities (air fares, car hire, parking, tolls, accommodation)	<input type="checkbox"/>
Rental property expenses (interest, council rates, water rates, repairs, insurance, pest control, repairs, etc)	<input type="checkbox"/>
Motor Vehicle – if used for work purposes - (insurance, registration, repairs, petrol, services, tyres, log book)	<input type="checkbox"/>
Personal after tax superannuation contributions (Name of fund, member number, date and amounts of payments)	<input type="checkbox"/>

Other	
Private Health Fund Statement	<input type="checkbox"/>

Your partners taxable income	<input type="checkbox"/>
Names and Date of Births of dependent children	<input type="checkbox"/>