

# Income Tax Return Checklist

YEAR ENDED: Tax File Number: ABN (if applicable): 

## PERSONAL DETAILS

Full Name: Preferred Name: Address:   
Postal Address:   
Residential Address:   
(if different from above) Date of Birth:  /  / Occupation: Telephone: Work:  Home:   
Mobile:  Fax: Email address: 

## BANK TRANSFER

Electronic funds transfer of refund: Yes ☐ No ☐Account Name: Bank: BSB Number:  Account Number: 

## FAMILY DETAILS

**Spouse** Current EFC Client: Yes ☐ No ☐Name: Occupation: D.O.B:  /  / Tax File Number: Taxable Income: Reportable Fringe Benefits: 

### Children

Name: D.O.B:  /  / Name: D.O.B:  /  / Name: D.O.B:  /  /

INCOME DETAILS

PAYG Payment Summaries

Employer Details:


Bank interest earned:

Yes ☐ No ☐

Bank:

BSB Number:

Account Number:

TFN Tax (\$):

Amount (\$):

Is account jointly held?


Distributions from Trust / Partnerships / Managed Funds:

Yes ☐ No ☐

Details:

--

Amount

\$

--

Details:

--

Amount

\$

--

Details:

--

Amount

\$

--

Dividends Received:

Yes ☐ No ☐

Name of Company:

Unfranked Amount (\$):

Franked Amount (\$):

Imputation Credit (\$)


Please supply summaries or copies of dividend statements

Rental Properties:

Yes ☐ No ☐

If yes and you use an agent, please attach copies of rental statements

Address 1:


Income received (\$):

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Did you receive rent for the full year?

Yes ☐ No ☐

If no, period rented:

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Address 2:


Income received (\$):

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Did you receive rent for the full year?

Yes ☐ No ☐

If no, period rented:

--

If you have more than two rental properties, please supply the above details for each property and attach it to this checklist.

**Rental Properties - Expenses**

Please list below the expenses associated with the properties you detailed in the previous section.

Property 1		Property 2	
Advertising for tenants	\$ <input type="text"/>	Advertising for tenants	\$ <input type="text"/>
Bank charges	\$ <input type="text"/>	Bank charges	\$ <input type="text"/>
Body corporate fees	\$ <input type="text"/>	Body corporate fees	\$ <input type="text"/>
Borrowing expenses	\$ <input type="text"/>	Borrowing expenses	\$ <input type="text"/>
Council rates	\$ <input type="text"/>	Council rates	\$ <input type="text"/>
Gardening & lawn mowing	\$ <input type="text"/>	Gardening & lawn mowing	\$ <input type="text"/>
Insurance	\$ <input type="text"/>	Insurance	\$ <input type="text"/>
Pest Control	\$ <input type="text"/>	Pest Control	\$ <input type="text"/>
Property agent fees / Commissions	\$ <input type="text"/>	Property agent fees / Commissions	\$ <input type="text"/>
Repairs / Property improvements (attach details)	\$ <input type="text"/>	Repairs/Property improvements (attach details)	\$ <input type="text"/>
Stationery	\$ <input type="text"/>	Stationery	\$ <input type="text"/>
Water charges	\$ <input type="text"/>	Water charges	\$ <input type="text"/>
Loan Interest	\$ <input type="text"/>	Loan Interest	\$ <input type="text"/>
Land Tax	\$ <input type="text"/>	Land Tax	\$ <input type="text"/>
Emergency Services Levy	\$ <input type="text"/>	Emergency Services Levy	\$ <input type="text"/>

If you have more than two rental properties, please supply the above details for each property and attach it to this checklist.

**FOREIGN INCOME**

Did you receive income from any foreign sources during the year?    Yes ☐    No ☐

Please supply below details of foreign income and sources (e.g. UK Government – Pension)

Source 1	<input type="text"/>	Amount	\$ <input type="text"/>
Source 2	<input type="text"/>	Amount	\$ <input type="text"/>
Source 3	<input type="text"/>	Amount	\$ <input type="text"/>
Source 4	<input type="text"/>	Amount	\$ <input type="text"/>

CAPITAL GAINS

Did you have any CGT events during the year?    Yes   ☐    No   ☐

Please list each CGT event (e.g. sale of Telstra shares, sale of investment property at ... ) below

Event 1	<input type="text"/>
Event 2	<input type="text"/>
Event 3	<input type="text"/>
Event 4	<input type="text"/>

Please attach all relevant details for each CGT event (e.g. share purchase & sale prices, property purchase & sale contracts, dates etc.)

OFFSETS

Zone

Did you live/work in a remote or isolated area of Australia during the year?    Yes   ☐    No   ☐

Location:

Spouse

Did you have a dependent spouse during the year?    Yes   ☐    No   ☐

Period:

Did you make Superannuation Contributions on behalf of your spouse?    Yes   ☐    No   ☐

Amount:

PRIVATE HEALTH INSURANCE

Do you have Private Health Insurance Cover?    Yes   ☐    No   ☐

Fund:     Membership No:

Level of cover:     Date commenced:

Rebate claimed (please supply Health Fund Annual Statement)    Yes   ☐    No   ☐

SUPERANNUATION

Did you make any additional lump sum contributions to your superannuation fund? (Not made by your employer)    Yes   ☐    No   ☐

If so, do you wish to claim a tax deduction for these additional contributions    Yes   ☐    No   ☐

Have you received an acknowledgement from the fund? Please provide a copy.

## DEDUCTIONS

The following expense categories are listed to assist in preparation of your Income Tax Return. If you have paid any of these expenses via salary sacrifice please **do not** include these on the checklist.

**GST charged on expenditure is tax deductible where you are not registered for GST and entitled to an Input Tax Credit. If registered for GST and you have claimed input tax credits, please advise expenditure exclusive of GST, and provide copies of BAS Statements lodged during the year.**

### Accounting/Tax Agent Fees

Taxation: \$  Agent's name, if not EFC:

### Bank Charges/Interest

Bank charges and interest are deductible on bank accounts used only for investment purposes.

Account fees: \$  Interest: \$

### Computer/Internet Access Expenses

Description	<input type="text"/>	Date of purchase	<input type="text"/>	Amount	\$ <input type="text"/>
Description	<input type="text"/>	Date of purchase	<input type="text"/>	Amount	\$ <input type="text"/>
Description	<input type="text"/>	Date of purchase	<input type="text"/>	Amount	\$ <input type="text"/>
Description	<input type="text"/>	Date of purchase	<input type="text"/>	Amount	\$ <input type="text"/>

Have you maintained a 30-day computer diary to justify usage? Yes ☐ No ☐

Percentage of business use:  %

### Details of professional library, reference journals and home office equipment purchase

Item	<input type="text"/>	Date of purchase	<input type="text"/>	Cost	\$ <input type="text"/>
Item	<input type="text"/>	Date of purchase	<input type="text"/>	Cost	\$ <input type="text"/>
Item	<input type="text"/>	Date of purchase	<input type="text"/>	Cost	\$ <input type="text"/>

### Donations

Institution	<input type="text"/>	Amount	\$ <input type="text"/>
Institution	<input type="text"/>	Amount	\$ <input type="text"/>

### Home Office (General)

Renting ☐ Home Owner ☐ Do you have a separate Study? Yes ☐ No ☐

House used per week: Hours x  Weeks x

### Home Office (COVID-19) Please advise if you were required to work from home during the COVID-19 pandemic

Renting ☐ Home Owner ☐ Do you have a separate Study? Yes ☐ No ☐

House used per week: Hours x  Weeks x

**Income Protection Insurance** Yes ☐ No ☐

Company

Policy No

Insurance benefit \$

Premiums Paid \$

**Motor Vehicle Travel** (e.g. travel between places of employment)

Kilometres travelled:  Vehicle Type:  Reg. No:

Reasonable estimate based on: Log book ☐ Diary ☐ Other ☐ If other, please specify

**Log Book Method (Motor Vehicle Expenses)**

Date completed:  Vehicle Type:  Reg. No:

Business %:  Fuel \$  Insurance: \$  Registration: \$  Repairs \$

**Other Sundry Expenses** (e.g. tools of trade, briefcase, protective clothing, Union fees, calculator, framing of degree, etc.)

Receipts Yes ☐ No ☐

Details	<input type="text"/>	Amount	\$ <input type="text"/>
Details	<input type="text"/>	Amount	\$ <input type="text"/>
Details	<input type="text"/>	Amount	\$ <input type="text"/>
Details	<input type="text"/>	Amount	\$ <input type="text"/>

**Stationery, photocopying repairs and maintenance of equipment** Yes ☐ No ☐

Printing, stationery and photocopying \$  Other \$

Repair and maintenance of equipment \$  Other \$

**Seminars, conferences, study and exam expenses**

Date  Description  Cost \$

Date  Description  Cost \$

Date  Description  Cost \$

Was duration long than six (6) nights? Yes ☐ No ☐ If yes, did you keep a travel diary? Yes ☐ No ☐

**Subscriptions/Memberships (employment/business related)** Receipts Yes ☐ No ☐

Registration \$  Other \$  Other \$

### Telephone - Mobile

Cost \$  If purchased during current financial year, date of purchase:

Total call expenses \$  Rental \$  Business use  %

### OTHER

Do you have an outstanding HELP/SFSS Debt Yes ☐ No ☐

If yes, please provide your schedule from the Tax Office

Amount (HELP) \$  Amount (SFSS) \$  Year student supplement loan taken:

Do you or your spouse claim any form of Government Assistance? Yes ☐ No ☐

(e.g. Family Tax Benefit, etc.) If yes, please provide Tax Office/Centrelink Schedules

### Additional Information

Are there any financial services you would like to know more about (please tick one or more):

- |  |  |                                |
|--|--|--------------------------------|
| <input type="checkbox"/> Superannuation planning | <input type="checkbox"/> Wealth Accumulation   | <input type="checkbox"/> Loans |
| <input type="checkbox"/> Salary sacrifice        | <input type="checkbox"/> Risk Insurance (e.g. Trauma / Income Protection / Life Insurance) |                                |
| <input type="checkbox"/> Other (please specify)  | <input type="text"/>   |                                |

It would be greatly appreciated if you could please bring your completed form to your Tax Return appointment, or email it to [admingroup@efcgroup.com.au](mailto:admingroup@efcgroup.com.au)