Income Tax Return Checklist

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YEAR ENDED: 30 June 2026

Tax File Number: For security reasons please do not enter your TFN.
NEW CLIENTS: Please phone our office to provide your TFN.

ABN (if applicable):

PERSONAL DETAILS

Full Name:

Preferred Name:

Address:

Postal Address:
(if different from above)

Date of Birth: / /

Occupation:

Telephone: Work: Home:
Mobile: Fax:

Email address:

Would you like to digitally sign your documents using the electronic signing software FuseSign? Yes No
If so, please ensure you have provided a mobile number and email address.

BANK TRANSFER

Please provide bank account details for electronic transfer of funds

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 ($):

Did you receive rent for the full year? Yes ☐ No ☐ If no, period rented:

Address 2:

Income received ($):

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	$		Advertising for tenants	$	
Bank charges	$		Bank charges	$	
Body corporate fees	$		Body corporate fees	$	
Borrowing expenses	$		Borrowing expenses	$	
Council rates	$		Council rates	$	
Gardening & lawn mowing	$		Gardening & lawn mowing	$	
Insurance	$		Insurance	$	
Pest Control	$		Pest Control	$	
Property agent fees / Commissions	$		Property agent fees / Commissions	$	
Repairs / Property improvements (attach details)	$		Repairs/Property improvements (attach details)	$	
Stationery	$		Stationery	$	
Water charges	$		Water charges	$	
Loan Interest	$		Loan Interest	$	
Land Tax	$		Land Tax	$	
Emergency Services Levy	$		Emergency Services Levy	$	

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		Amount $	
Source 2		Amount $	
Source 3		Amount $	
Source 4		Amount $	

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	
Event 2	
Event 3	
Event 4	

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 | Date of purchase | Amount $

Description | Date of purchase | Amount $

Description | Date of purchase | Amount $

Description | Date of purchase | Amount $

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 | Date of purchase | Cost $

Item | Date of purchase | Cost $

Item | Date of purchase | Cost $

Donations

Institution | Amount $

Institution | Amount $

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 _____ Amount $ _____

Details _____ Amount $ _____

Details _____ Amount $ _____

Details _____ Amount $ _____

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):

- ☐ Superannuation planning
- ☐ Wealth Accumulation
- ☐ Loans
- ☐ Salary sacrifice
- ☐ Risk Insurance (e.g. Trauma / Income Protection / Life Insurance)
- ☐ Other (please specify)

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