



Income Tax Return Checklist For Individuals

Title: Mr/ Mrs/ Ms/ Miss Other: _____

Name: _____

Address: _____

Date of Birth: ____ / ____ / ____

Occupation: _____

Tax File Number: _____

Contact Details: (W) _____ (M) _____

(H) _____ E-mail _____

MGT Professional Services
PO Box 679, Hawthorn, Vic, 3122
Email: info@mgtps.com.au
Telephone: 1300 79 88 65

Income Details

Ordinary Income	<i>Supporting documentation includes group certificates and other payment advices.</i>	Yes	No	Office Use
Salary or Wages		<input type="checkbox"/>	<input type="checkbox"/>	_____
Allowance, Benefits, Tips		<input type="checkbox"/>	<input type="checkbox"/>	_____
Lump Sum Payments		<input type="checkbox"/>	<input type="checkbox"/>	_____
Eligible Termination Payments		<input type="checkbox"/>	<input type="checkbox"/>	_____
Youth Allowance, Newstart, Sickness Allowance or other training Allowances		<input type="checkbox"/>	<input type="checkbox"/>	_____
Taxable Australian Pension		<input type="checkbox"/>	<input type="checkbox"/>	_____
Social Security or Centrelink Income		<input type="checkbox"/>	<input type="checkbox"/>	_____

Investment Income	<i>Details can be provided below. If you require more space please provide details on the additional worksheet at rear of checklist.</i>	Yes	No	Office Use
Bank Interest	<i>See below.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dividends	<i>Summarise dividends below, or provide dividend statements.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
P'ship & Trust Income	<i>Provide distribution statement(s) from partnership or trust.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rental Income	<i>Please complete Rental Schedule, page 5.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Bank Interest

Bank	Interest Amount	Withholding Tax

Dividends

Company	Unfranked	Franked	Imputation Credit	Withholding Tax

Other Income	Provide details below or, if necessary, on the additional worksheet at the rear of checklist.	Yes	No	Office Use
Business Income	<i>Provide details of income & expenses on a separate sheet.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Capital Gains	<i>Provide acquisition and disposal details, see below, and copies of supporting documentation.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foreign Income		<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Income		<input type="checkbox"/>	<input type="checkbox"/>	_____

Capital Gains Events

Description Eg. Sale of Shares	Acquisition Details		Disposal Details	
	Date	Costs	Date	Costs

Deductions

Work Related

Please provide details on the 'Expenses Worksheet', page 3.

		Yes	No	Office Use
Motor Vehicle Expenses	<i>If you use your own vehicle for work purposes you may be entitled to claim the costs of running that vehicle. Further details can be provided on the expenses worksheet, pg 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Travel Expenses	<i>Domestic or overseas travel including airfares and accommodation.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Uniform Expenses	<i>You may be able to claim for purchase and maintenance of uniform.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self Education Expenses	<i>If you undertook some study that is related to your present employment please provide details on the expenses worksheet, pg 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Work Expenses	<i>Please see the additional information section for examples of other work related expenses. Details can be provided on pg 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Non-Work Related

		Yes	No	Office Use
Investment Deductions	<i>Please provide details of investment expenses not related to investment property.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tax & Accounting Fees	<i>Fees for handling tax affairs.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gift or Donations	<i>Raffle tickets sold by charities are not tax deductible.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Deductions	<i>Please provide details of deductions not mentioned above.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Tax Offsets

Family Tax Benefit *Have you received FTB, via the Family Assistance Office (FAO) ?* Yes No
If no please supply the following details.

Spouse Details

Name: _____
 Tax File No. _____

Separate Net Income _____
 Spouse D.O.B _____ / /

Dependant Details

(Children)
 Name: _____

D.O.B _____
 Student
 Y N
 Y N
 Y N

		Yes	No	Office Use
Medical Expenses	<i>If your net medical expenses exceed \$1,500 please provide details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital Health Cover	<i>If you and your entire family (if applicable) were covered please provide the tax statement received from your provider.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spouse Superannuation	<i>Did you make a contribution to Super on behalf of your spouse?</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Parent Maintenance	<i>Did you support your parent, spouse's parent or invalid relative?</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Baby Bonus	<i>During the 2002 or 2003, 2004 year did you or your spouse have a child or become responsible for a child under 5?</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Education tax rebate	<i>Did you have any children enrolled in secondary school or primary school, at any time, between 1st July 2008 & 30th June 2009?</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
HECS liability?	<i>If yes please provide the amount or statement from Tax Office.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comments

Investment Property - Income and Expenses.

Note: If more than one property please copy this schedule and provide details separately.

Property Address _____

Date of Acquisition _____ / _____ / _____

If you have not previously done so, please provide the following details regarding the property;
 Settlement Statement and Statement of Adjustments - Received from solicitor at settlement.
 Disbursements Statement - Received from Bank at settlement. These items will contain deductions available to you annually for up to 5 years. They also hold information important for minimising any eventual Capital Gains.

Income \$
 Rental Income *Please provide annual rental summary* _____

Deductions *Provide annual amounts* \$

Office Use			Office Use
P	Agents Fees/Commission <i>See Annual Summary</i>	_____	_____
E	Body Corporate <i>See Statements</i>	_____	_____
V	Connection Fees <i>Gas, electricity, phone or water</i>	_____	_____
H	Council Rates <i>See Rates Notices</i>	_____	_____
I	Depreciation <i>To be calculated by our office</i>	_____	_____
	Insurance	_____	_____
K	Landlord	_____	_____
K	Building	_____	_____
	Investment Loan(s) <i>See also below</i>	_____	_____
L	Interest <i>See Loan Statements</i>	_____	_____
V	Bank Fees	_____	_____
F	Borrowing Costs <i>To be calculated by our office</i>	_____	_____
M	Land Tax	_____	_____
Q	Repairs & Maintenance	_____	_____
R	Special Building Write Off <i>To be calculated by our office</i>	_____	_____
T	Travel to Inspect Property <i>See below</i>	_____	_____
U	Water Rates <i>See Quarterly Notices</i>	_____	_____
	Other <i>Please specify</i>	_____	_____
V	_____	_____	_____
V	_____	_____	_____
V	_____	_____	_____
V	_____	_____	_____
V	_____	_____	_____
V	_____	_____	_____
V	_____	_____	_____

Investment Loan(s) *Please provide following details for investment property loans.*
 Bank Name _____
 Current Bal. \$ _____ Interest Rate _____ %

Bank Name _____
 Current Bal. \$ _____ Interest Rate _____ %

Travel to Inspect Property
 Number of Trips _____ Engine Capacity of Car _____ litre
 Kilometres per Trip _____