

2009 Income Tax Return Checklist

Name: _____

Address: _____

Contact No: _____

Email: _____

INCOME

1 Number of PAYG Payment Summaries Attached:

2 Number of Eligible Termination Payments Attached:

3 Did you receive any Interest Income during the year? Yes No

(If yes, please complete below - ONLY INCLUDE YOUR SHARE)

Bank	Branch	Account Number	Amount \$

4 Did you receive any Dividend Income during the year? Yes No

(If yes, please complete below - ONLY INCLUDE YOUR SHARE. If unsure, please attach dividend advices)

Company	Unfranked \$	Franked \$	Imp Credit \$

5 Did you dispose of any shares during the 2009 Financial Year? Yes No

*(If yes, please attach Purchase **and** Sale Contracts)*

6 Did you receive a Distribution from a Partnership or Trust? Yes No

(If yes, please attach Annual Tax Statements)

7 Did you receive any Rental Income? Yes No

*(If yes, please also complete the **Rental Property Checklist**)*

8 Did you receive any other Income? Yes No

(If yes, please provide details. E.g. Foreign Pensions)

Details	Amount \$

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DEDUCTIONS

- 9** Did you use your vehicle for work related travel during the year? Yes No
(If yes, complete below)

Cents per Kilometre Method (Max 5,000 kms) _____ Work kms travelled

Where travel has exceeded 5,000kms please include details of all motor vehicles expenses incurred and your business usage percentage (determined via the use of a log book over a continuous period of 12 weeks)

- 10** Did you incur an expense for any other Work Related Travel? Yes No

To/From Dates	Cost \$	# Nights	# Meals	Receipts	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Where costs exceed the reasonable allowance and a receipt is held, the actual cost will be claimed. Where receipts are not held, a claim will be made based on the ATO Reasonable Allowance.

- 11** Did you incur any work related uniform*, clothing, laundry and/or dry cleaning expenses? Yes No

Details	Cost \$	Receipts	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

** Note: This is a uniform, either compulsory or non-compulsory that is unique and distinctive to the organisation for whom you work.*

- 12** Did you have any self education expenses relating to your job? Yes No

Expense (Travel, fees, books, journals, stationery etc)	Cost \$	Receipts	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

What was the connection between your employment and your study?

- 13** Did you incur any other work related expenses? Yes No

Date	Description	Cost \$

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Note: Receipts must be held

DEDUCTIONS - continued

- 14** Did you incur any interest or bank charges in relation to an investment, or did a financial institution deduct any TFN Withholding tax from Interest Income? Yes No

Details	Amount \$

- 15** Did you make any donations of \$2 or more? Yes No

Recipient	Amount \$

TAX OFFSETS

- 16** Did you have a dependent spouse - married or defacto? Yes No

Number of days spouse was a dependant during the year:

Separate Net Income of dependent spouse: \$

- 17** Did you have a dependent child/student for any part of the year? Yes No

Number of days child/student was a dependent during the year:

Name of dependent	Date of Birth	Education			Income
		Primary	Secondary	N/A	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- 18** For the whole of 2008-09, did you and all of your dependants have private patient hospital cover? Yes No

(If yes, attach Private Health Fund Statement)

- 19** Did you have net medical expenses greater than \$1,500 for your family during the year? Yes No

(If yes, please attach all medical receipts and private health insurance benefit statements as support)

- 20** Did you receive Family Tax Benefit Part A during the period 1 July 2008 to 30 June 2009? Yes* No

* If you answered "Yes" to the above, please provide us with details of **only the following expenses** (where applicable) if you incurred them between 1 July 2008 to 30 June 2009;

- Laptops, home computers, and their associated costs (inc. repairs)
- Computer related equipment such as printers, USB flash drives, etc.

