

## Tax Return Preparation Checklist

New Client?      Yes      No

### GENERAL RETURN PREPARATION & SUBSTANTIATION DECLARATION

Client Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Tax File No (only required for new clients): \_\_\_\_\_ ABN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Contact No: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Recommended by: \_\_\_\_\_  
Name of spouse: \_\_\_\_\_ Spouse TFN (only required for new clients): \_\_\_\_\_  
Spouse DOB: \_\_\_\_\_ Spouse Taxable Income: \_\_\_\_\_

Was last year's return prepared by a registered tax agent?      YES      NO  
(If so, please advise name) \_\_\_\_\_

### BANK DETAILS FOR ELECTRONIC TRANSFER OF REFUND

For any possible refund to be transferred by the ATO into your bank account, please include account details below:

A/C Name: \_\_\_\_\_  
BSB: \_\_\_\_\_ Account No: \_\_\_\_\_

Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

### INCOME

*if YES, please enter \$ amount*

Salary and wages in Australia	NO	YES _____
Foreign Income	NO	YES _____
Income from partnerships and/or trusts	NO	YES _____
Income from sole trader business	NO	YES _____
Capital gains from shares	NO	YES _____
Dividends	NO	YES _____
Other income	NO	YES _____
Additional Notes		

## RENTAL PROPERTY INVESTMENT

Full address of rental property: \_\_\_\_\_  
Date property first earned rental income: \_\_\_\_\_  
Number of weeks rented for the year: \_\_\_\_\_  
Name of owners: \_\_\_\_\_

**Income from Rental Property:** \_\_\_\_\_

### Expenses (provide Income & Expenditure Summary if applicable) (if any please enter \$ amount):

- advertising for tenants \_\_\_\_\_
- body corporate fees \_\_\_\_\_
- council rates \_\_\_\_\_
- water charges \_\_\_\_\_
- land tax \_\_\_\_\_
- cleaning \_\_\_\_\_
- gardening and lawn mowing \_\_\_\_\_
- pest control \_\_\_\_\_
- insurance (building, contents, public liability) \_\_\_\_\_
- interest on loan (no principal repayments) \_\_\_\_\_
- property agent's fees and commission \_\_\_\_\_
- repairs and maintenance (general) \_\_\_\_\_
- repairs and maintenance (electrical) \_\_\_\_\_
- repairs and maintenance (plumbing) \_\_\_\_\_
- depreciation (provide depreciation report if app.) \_\_\_\_\_

Additional notes

## OTHER INVESTMENTS

*if you disposed cryptocurrency/shares during the financial year, please provide supporting transaction summary/statements/reports.*

## DEDUCTIONS

*You must provide receipts for claims. All deductions must not be refunded or reimbursed by the employer*

### Work-related car expense claims (only one method allowed):

- Cents per km method (provide diary for claim)
  - o car make/model \_\_\_\_\_
  - o km travelled \_\_\_\_\_
- Logbook method (provide logbook for claim)
  - o fuel \_\_\_\_\_
  - o registration fee \_\_\_\_\_
  - o insurance \_\_\_\_\_
  - o repairs \_\_\_\_\_

## Other work-related travel expenses:

- Air fares
- Taxi fares/Rideshare fares
- Parking fees
- Short-term car hire for work purposes
- Expenses incurred while away overnight for work

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Meals \_\_\_\_\_

Accommodation \_\_\_\_\_

Other incidental expenses \_\_\_\_\_

## Work uniform/protective clothing expenses:

- Protective clothing (steel-capped boots, gloves, etc)
- Occupation specific clothing (chef pants)
- Compulsory uniform
- Laundry
- Other costs (renting, repairing and dry cleaning)

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## Self-education expenses

- Textbooks
- Student union fees
- Student services and amenities fees
- Training/course fees (excluding HECS)

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## Other expenses

- Union fees
- Home office expenses (provide total WFH)
- Do you want to claim fixed rate for home office based on hrs spent working from home?    YES    NO
- Hours per week worked from home
- Computer and software
- Telephone/mobile phone
- Tools and equipment
- Subscriptions fees
- Stationery
- Other (please specify)

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## Other deductions

- Donations
- Tax agent fees for previous year
- Income protection insurance
- Brokerage fees

Additional notes

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## DEPENDENT CHILDREN

- Child Support you paid (if applicable) \_\_\_\_\_
- No of dependent children \_\_\_\_\_

Name	Date of Birth	Student	Living with you?
		YES NO	YES NO
		YES NO	YES NO
		YES NO	YES NO
		YES NO	YES NO
		YES NO	YES NO

## CLIENT SUBSTANTIATION DECLARATION

I, hereby confirm that, I have been advised by you as to the requirement to demonstrate that an expense has been incurred for deductible purposes, together with satisfying the SUBSTANTIATION legislation in relation to:

- Work, car and business travel expenses

In addition, I have been informed by you of the need to OBTAIN ORIGINAL RECEIPTS carrying details of:

- Name of supplier;
- Type of goods/services purchased;
- Date expense incurred;
- Amount expressed in the currency it was incurred;
- Day it was made out

I have been advised by you of the need to keep the written evidence for at least five years.

Also, I have been advised of the consequences and penalties which will arise if the information I have provided is Incomplete or incorrect and does not strictly comply with the SUBSTANTIATION or nexus requirements.

I have all income tax and SUBSTANTIATION DOCUMENTS necessary to support all the claims made in my income tax return.

Where items are used for both business and private purposes, eg car, telephone/mobile, computer, library, etc., I advise that I have kept appropriate apportionment documents to verify my business usage claim. Further, I have instructed you to prepare the return based on my specific instructions.

I have read and understood the return prepared for me.

By Signing, I declare:

- (a) That I have disclosed to you all the income which I have earned
- (b) That all income has been declared in the return
- (c) That all the claims for deductions and rebates which have been included in the return are based on my specific instructions
- (d) That any documents I did not have at the time, receipts to substantiate the above claims at the meeting, will be made available if required by the Tax Office.
- (e) That you have clarified what written evidence will be required during an audit and penalties that may be applicable if incorrect claims are identified.

Signed: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Date: \_\_\_\_\_