Individual Income Tax Return Information Checklist

COULL & PRIOR
TAXATION CONSULTANTS

Please complete this form and return it together with your supporting documents.

1. Personal Details

Full Name:

_____

Home Address:

_____

Mobile Phone: _____

Email Address: _____

Marital Status (Single / Married / De facto / Separated):

Spouse Name (**if <u>not</u> a Client**):_____

Spouse Date of Birth: _____

Spouse Taxable Income: _____

No. of Dependent Children **Under 18 years**, OR **18–24 years AND a full-time student** _____

2. Changes Since Last Tax Return

Tick any that apply:

☐ New job/Change Occupation: _____

☐ Stopped working: _____

☐ New EFT details (**<u>Phone our office to update</u>**)

☐ Purchased investment property: _____

☐ Sold property: _____

☐ Sold shares: _____

☐ Started business or ABN: _____

☐ Other: _____

3. Income Received

Tick all that apply and attach records:

☐ Bank interest

☐ Dividends or managed funds

☐ Sole trader / ABN income

☐ Capital gains (shares, crypto, property)

☐ Foreign income

☐ Other income: _____

4. Work-Related Deductions

Tick any that apply and provide evidence:

☐ Motor vehicle expenses

Make/Model: _____

☐ Cents per km method:

Total work-related kilometers recorded: _____

☐ Logbook method:

Work-Related use as per logbook: _____ %

Fuel: _____

Registration: _____

Insurance: _____

Repairs/Servicing: _____

Other (Please specify): _____

☐ Working from home: Total hours recorded: _____ (**Cannot be estimated**)

☐ Electricity: $_____

☐ Gas: $_____

☐ Tools or equipment: $_____ (provide receipt for any item >$300)

☐ Clothing: $_____

☐ Compulsory Uniform ☐ Protective Clothing

☐ Self-education/Training: $_____

☐ Mobile phone: Monthly Plan $_____ Work use:_____ %

☐ Internet: Monthly Plan $_____ Work use:_____ %

☐ Other work expenses: _____

5. Other Deductions

Tick any that apply and provide evidence:

☐ Donations to registered charities Amount: $_____

☐ Union or professional fees Amount: $_____

☐ Income protection insurance Amount: $_____

☐ Other deductions Amount: $_____ Specify:_____

6. Rental Property

Rental property? ☐ Yes ☐ No

Please attach annual rental statement and expense documents.
☐ Rental summary (Agent/Self-Managed)
☐ Strata Levies
☐ Loan interest (Provide all bank statements)
☐ Rates (Council/Water/ESL/Land Tax)
☐ Insurance (Building/Landlord)
☐ Repairs & Maintenance (provide receipts for any item >$300)

7. Business (Sole Trader)

Small Business? ☐ Yes ☐ No

Business Activity: _____

Business Address: _____

Please attach income and expenses documents.

8. Additional Information

Please provide any other information that may affect your tax return:

_____

_____

_____

_____

9. Sign/Approve your Tax Return

☐ Upload to my Secure Client Portal for online approval

☐ Attend the office in person

10. Client Declaration

I declare that the information and documents I have provided are true, complete and correct to the best of my knowledge.

I confirm that I have disclosed all income received during the financial year and that I hold appropriate records to substantiate any deductions and claims included in my tax return.

Client Name: _____

Signature: _____

Date: _____