WAYCORP ADVISORS

INDIVIDUAL TAX RETURN CHECKLIST

Client details form – individual income tax return

Please complete this form and email it to us before your appointment. Questions? Call us on 1300 323 410.

CLIENT DETAILS

Full name			
Tax file number		**Date of birth**	/ /
ABN (if applicable)			
Address			
Postal address	*Write 'as above' if the same*		
Mobile		**Business hours (work)**	
After hours (home)		**Email**	
BSB (for refund)		**Account number**	
Occupation			
Sole trader business?	*Yes / No*	**Business in a company, trust or partnership?**	*Yes / No*
Spouse's full name	*Include married, de facto or same-sex*		
Spouse's date of birth		**Spouse's TFN**	
Spouse's approximate income			

INCOME – please provide evidence	Yes	No	Unsure
1. Salary or wages – employers report your income to the ATO through Single Touch Payroll. List each payer below so we can cross-check, including any income not reported.	☐	☐	☐

	Payer's ABN	Gross payment	Tax withheld
A		$	$
B		$	$
C		$	$

2. Allowances, earnings, tips, director's fees etc.	☐	☐	☐
3. Employer lump sum payments	☐	☐	☐
4. Employment termination payments	☐	☐	☐
5. Australian Government allowances and payments (e.g. JobSeeker, Youth Allowance, Austudy)	☐	☐	☐
6. Australian Government pensions and allowances	☐	☐	☐
7. Australian annuities and superannuation income streams	☐	☐	☐
8. Australian superannuation lump sum payments	☐	☐	☐
9. Attributed personal services income	☐	☐	☐
10. Gross interest (list accounts below)	☐	☐	☐

Bank	Account #	Amount	Joint?
		$	
		$	
		$	

11. Dividends	☐	☐	☐
12. Employee share schemes	☐	☐	☐

13. Distributions from partnerships and/or trusts (provide distribution statement)	☐	☐	☐
14. Personal services income (PSI)	☐	☐	☐
15. Net income or loss from business (as a sole trader)	☐	☐	☐
16. Deferred non-commercial business losses	☐	☐	☐
17. Net farm management deposits or repayments	☐	☐	☐
18. Capital gains	☐	☐	☐
19. Foreign entities:	☐	☐	☐
• Direct or indirect interests in a controlled foreign company	☐	☐	☐
• Transfer of property or services to a non-resident trust	☐	☐	☐
20. Foreign source income (including foreign pensions) and foreign assets or property	☐	☐	☐
21. Rent (provide documentation):	☐	☐	☐
• Do you have one or more rental properties?	☐	☐	☐
• Did you buy or sell any property during the income year?	☐	☐	☐
22. Bonuses from life insurance companies or friendly societies	☐	☐	☐
23. Forestry managed investment scheme income	☐	☐	☐
24. Other income (please specify below)	☐	☐	☐

Other income details

DEDUCTIONS – please provide evidence	**Yes**	**No**	**Unsure**
D1. Work-related car expenses			
• Cents per kilometre method (up to a maximum of 5,000 km)	☐	☐	☐
• Log book method	☐	☐	☐
D2. Work-related travel expenses			
Employee domestic travel with a reasonable travel allowance:	☐	☐	☐
• If the claim is more than the reasonable allowance rate, do you have receipts for your expenses?	☐	☐	☐
Overseas travel with a reasonable travel allowance:	☐	☐	☐
• Do you have receipts for accommodation expenses?	☐	☐	☐
• If travel is for 6 or more nights in a row, do you have travel records (e.g. a travel diary)?	☐	☐	☐
Employee travel without a reasonable travel allowance – do you have receipts for:	☐	☐	☐
• Airfares	☐	☐	☐
• Accommodation	☐	☐	☐
• Hire cars (if applicable)	☐	☐	☐
• Meals and incidental expenses	☐	☐	☐
• Any other travel expenses	☐	☐	☐
Other work-related travel expenses (e.g. a borrowed car, public transport) – please specify	☐	☐	☐
D3. Work-related uniform and other clothing expenses			
• Protective clothing	☐	☐	☐
• Occupation-specific clothing	☐	☐	☐
• Non-compulsory uniform	☐	☐	☐
• Compulsory uniform	☐	☐	☐
• Conventional clothing	☐	☐	☐
• Laundry expenses (up to $150 without receipts)	☐	☐	☐
• Dry cleaning expenses	☐	☐	☐
• Other claims such as mending / repairs (please specify)	☐	☐	☐
D4. Work-related self-education expenses (course at an educational institution)			
• Union fees	☐	☐	☐
• Course fees	☐	☐	☐
• Books, stationery	☐	☐	☐
• Travel	☐	☐	☐
• Other (please specify)	☐	☐	☐
D5. Other work-related expenses			

• Home office expenses (see WC038)	☐	☐	☐
• Computer and software	☐	☐	☐
• Telephone / mobile phone	☐	☐	☐
• Tools and equipment	☐	☐	☐
• Subscriptions and union fees	☐	☐	☐
• Journals or periodicals	☐	☐	☐
• Depreciation	☐	☐	☐
• Sun protection products (e.g. sunscreen and sunglasses)	☐	☐	☐
• Seminars and courses not at an educational institution	☐	☐	☐
• Any other work-related deductions (please specify)	☐	☐	☐
Other types of deductions			
D6. Low value pool deduction	☐	☐	☐
D7. Interest deductions	☐	☐	☐
D8. Dividend deductions	☐	☐	☐
D9. Gifts or donations	☐	☐	☐
D10. Cost of managing tax affairs:	☐	☐	☐
• Interest charged by the ATO (e.g. SIC and GIC)	☐	☐	☐
• Tax agent / accounting fees	☐	☐	☐
• Litigation costs	☐	☐	☐
• Other expenses incurred in managing tax affairs	☐	☐	☐
D11. Deductible amount of undeducted purchase price of a foreign pension or annuity	☐	☐	☐
D12. Personal superannuation contributions (complete fund details below):	☐	☐	☐
• Have you given the fund a notice of intention to claim a deduction for the contribution?	☐	☐	☐
• Has the fund acknowledged this notice?	☐	☐	☐

Full name of fund		**Account number**	
Fund ABN		**Fund TFN**	

D13. Deduction for project pool	☐	☐	☐
D14. Forestry managed investment scheme deduction	☐	☐	☐
D15. Other deductions (please specify)	☐	☐	☐
L1. Tax losses of earlier income years	☐	☐	☐

TAX OFFSETS / REBATES – please provide evidence	**Yes**	**No**	**Unsure**
T1. Are you a senior Australian or pensioner?	☐	☐	☐
T2. Did you receive an Australian superannuation income stream?	☐	☐	☐
T3. Did you make superannuation contributions on behalf of your spouse?	☐	☐	☐
T4. Did you live in a remote area of Australia, or serve overseas with the Australian Defence Force or UN armed forces, during the income year?	☐	☐	☐
T5. Did you have net medical expenses for disability aids, attendant care or aged care during the income year?	☐	☐	☐
T6. Did you maintain a dependant who is unable to work due to invalidity or carer obligations during the income year?	☐	☐	☐
T7. Are you entitled to claim the landcare and water facility tax offset?	☐	☐	☐
T8. Are you involved in an early stage venture capital limited partnership?	☐	☐	☐
T9. Are you an early stage investor in an early stage innovation company?	☐	☐	☐
T10. Are you entitled to any other non-refundable tax offsets? (please specify below)	☐	☐	☐
T11. Are you entitled to any other refundable tax offsets? (please specify below)	☐	☐	☐

OTHER RELEVANT INFORMATION – please provide evidence	**Yes**	**No**	**Unsure**
A. Are you entitled to a Medicare levy exemption or reduction for the income year? (please specify)	☐	☐	☐
B. Did you and your spouse / dependants have private health insurance during the income year? (provide your fund's annual statement)	☐	☐	☐
C. Were you under 18 years old on 30 June 20__?	☐	☐	☐
D. Did you become an Australian tax resident at any time during the income year?	☐	☐	☐
E. Did you cease to be an Australian tax resident at any time during the income year?	☐	☐	☐

F. Did you make a non-deductible (non-concessional) personal super contribution?	☐	☐	☐
G. Do you have a HELP, Student Financial Supplement Loan, Student Start-up Loan or Trade Support Loan debt?	☐	☐	☐
H. Are you a working holiday maker on a 417 (Working Holiday) or 462 (Work and Holiday) visa?	☐	☐	☐
I. Did a trust or company distribute income to you on which family trust distribution tax was paid? (please specify)	☐	☐	☐
J. Do you have a loan with a private company at 30 June 20__, has such a loan been forgiven, or has a private company made a payment to you (other than a dividend) during the income year? (please specify)	☐	☐	☐
K. Did you receive any benefit from an employee share acquisition scheme?	☐	☐	☐
L. Family Tax Benefit (FTB)			
• Did you have care of a dependent child during the income year? (list names and dates of birth below)	☐	☐	☐

Child's name	Date of birth

• Did you or your spouse receive FTB through Services Australia during the income year?	☐	☐	☐
Income tests information			
• Do you have any reportable fringe benefits amounts for the income year?	☐	☐	☐
• Do you have any reportable employer superannuation contributions for the income year?	☐	☐	☐
• Did you receive any tax-free government pensions during the income year?	☐	☐	☐
• Did you receive any target foreign income during the income year?	☐	☐	☐
• Did you have a net financial investment loss for the income year?	☐	☐	☐
• Did you have a net rental property loss for the income year?	☐	☐	☐
• Did you pay child support during the income year?	☐	☐	☐

Number of dependent children	

SPOUSE DETAILS (if applicable)	**Yes**	**No**	**Unsure**
Did you have a spouse for the full income year? If only part of the year, give the dates below.	☐	☐	☐

Spouse from	/ /	**to**	/ /
Spouse's taxable income for the income year	$		

Does your spouse have a share of trust income on which the trustee is assessed under section 98 that is not included in their taxable income?	☐	☐	☐
Did a trust or company distribute income to your spouse on which family trust distribution tax was paid?	☐	☐	☐
Did your spouse have any reportable fringe benefits amounts?	☐	☐	☐
Did your spouse receive any Australian Government pensions or allowances (not including exempt pension income)?	☐	☐	☐
Did your spouse receive any exempt pension income?	☐	☐	☐
Did your spouse receive any tax-free government pensions under the Military Rehabilitation and Compensation Act 2004?	☐	☐	☐
Does your spouse have any reportable employer superannuation contributions or deductible personal superannuation contributions?	☐	☐	☐
Did your spouse receive any target foreign income?	☐	☐	☐
Did your spouse have a total net investment loss (financial investment loss plus rental property loss)?	☐	☐	☐
Did your spouse pay child support during the income year?	☐	☐	☐
If your spouse is between their preservation age and 59, did they receive a superannuation lump sum (other than a death benefit) with a taxed element not exceeding their low rate cap?	☐	☐	☐

Additional notes / concerns

DECLARATION

I declare that the information I have provided is true and correct to the best of my knowledge.

Name (print)			
Signature of taxpayer		**Date**	/ /