

2015 Tax Checklist

Income

Please keep in mind that the Australian Taxation Office has the ability to check your income against independent sources. In particular, this applies to PAYG Payment Summary income, interest received and dividends.

Deductions

Please keep in mind that self-assessment applies. In the event of a Tax Office audit you will need to be able to substantiate the deductions claimed.

Assets Sold

If you have sold any assets during the year please provide full details so we can determine whether Capital Gains Tax may apply to the transaction.

You can complete this checklist on your computer or on a paper form:

On your computer

1. **Save** this checklist to your computer (choose Save As). **Open Adobe Reader**, open the saved checklist and complete.
2. **Press SUBMIT**. An email will open with your checklist attached
3. **Scan** your supporting documents, save as PDFs on your computer, and attach them to your email with your checklist.
4. **Send** the email.

Paper form

1. **Complete** as a paper form, sign and date.
2. **Gather** your supporting documents and attach.
3. **Return all** via post to PO Box 385 Ulladulla NSW 2539, or to our offices at 41 Deering Street, Ulladulla or 1/57 Beach Road, Batemans Bay

Questions? Please contact us on (02) 4455 5333 with any queries or concerns.

I hereby instruct you to prepare my Taxation Return for the financial year ended 30 June 2015.

I undertake to supply all information necessary to carry out such services, and will be responsible for the accuracy and completeness of such information.

I agree that the minimum fee for this assignment is \$220. Additional charges may apply to schedules for capital gains, rental properties, business and other items.

You are hereby authorised to communicate with my bankers, solicitors, finance companies and all government agencies such as the ATO to obtain such information as you require to carry out the above assignment.

Name:

Signature:

Date:

When your 2015 tax return has been completed would you prefer to receive your tax return as a hard copy or as an electronic copy emailed to you?

If you would like your tax return emailed, please make sure the email address field is completed below.

Hard Copy

Emailed Return

Client Details

Full Name:

Home Address:

Postal Address: (If different from above)

Email Address:

Telephone:

Home Business

Fax Mobile

Your Occupation:

Your Date of Birth:

Please confirm your bank details

Bank and Branch:

Account Name:

BSB Number:

Account Number:

Electronic funds transfer of your tax refund will be available if you pay your account in full prior to lodgement of your tax return.

	Yes	No
For New Clients, Is a copy of previous tax return attached?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Government HECS/HELP debt?	<input type="checkbox"/>	<input type="checkbox"/>
Have you paid any PAYG instalments.	<input type="checkbox"/>	<input type="checkbox"/>

Spouse Details

Did you have a Spouse for the full financial year? Yes No

If not for the full year please advise dates from / / to / /

Spouses Name:

Spouses Date of Birth:

Spouses Tax File Number:

Spouses Net Taxable Income:

Income

Did you receive any of the following:
(If so please attach supporting documentation).

	Yes	No	Copy Attached
PAYG Summary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allowances, Benefits or other earnings not on your PAYG summary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you expended the above allowances in full?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Termination Payment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centrelink Allowance? (Newstart, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Pension or Allowances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other Pension?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interest Received? Yes No

Bank \$
 \$
 \$
 \$

Dividends from Share Holdings? Yes No

Company Name	Dividend	Franking Credit
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Did you receive income from a Partnership? Yes No \$

Name of Partnership

Did you make Personal Superannuation Contributions? Yes No \$

If so have you advised your Super fund in writing that you will be claiming a tax deduction against these payments. Yes No

Did you write to your fund to advise the amount you intend to claim as a deduction? Yes No

Can you confirm that the fund has provided you with an acknowledgement of your intent to claim a deduction? Please attach. Yes No

Can you confirm that you were fully self-employed and not working under a labour contract? Yes No

Trust Income (including Managed Funds)? Yes No \$

Name of Trust / Managed Funds:

Capital Gains (Sale of Share, property etc)? Yes No \$

(If yes, please contact your Client Manager for an alternative questionnaire)

Foreign Income? Yes No \$

Do you have a rental property? Yes No

Address:

Is this a new property? Yes No

If yes when was the settlement date

Do you have a Depreciation & Capital Works write off schedule? Yes No

Rent Received: \$

Other Income: \$

Advertising: \$

Bank Charges: \$

Body Corporate / Strata Levies: \$

Borrowing Costs: \$

Cleaning: \$

Council Rates: \$

Water Rates: \$

Insurance:	\$	
Land Tax:	\$	
Loan Interest:	\$	
Management Fees:	\$	
Repairs & Maintenance:	\$	
Travel Expenses:	\$	
Gardening Expenses:	\$	
Other Expenses: (Please advise)	\$	

Deductions

	Yes	No	Amount
Work Related Travel Expenses: (Taxis, buses, airfares, Accommodation, tolls, parking)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Work Related Uniform & Clothing:	<input type="checkbox"/>	<input type="checkbox"/>	\$
Laundry/Dry Cleaning:	<input type="checkbox"/>	<input type="checkbox"/>	\$
Interest & Dividend Deductions:	<input type="checkbox"/>	<input type="checkbox"/>	\$

Work Related Car Expenses:

Car Make: Car Model: Business Kilometres travelled:

Note: Business kilometres are kilometres travelled in relation to earning income but exclude travel between home and work even if the trip is made more than once a day.

Did you keep a log book? Yes No

Registration Number:

Business Use: %

Fuel/Oil: \$

Insurance: \$

Registration: \$

Repairs & Maintenance: \$

Interest on finance: \$

Lease Payments: \$

Tax Agents Fees (New Clients Only) Yes No \$

Work Related Self Education Yes No \$

(Course Fees, text books, union fees, travel etc)

<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>

Other Work Related Expenses?

Subscriptions: \$

Conferences & Seminars: \$

Journals: \$

Rent: % \$

Internet: % \$

Computer: % \$

Stationery: \$

Telephone: \$

Mobile Phone: \$

Union Fees: \$

Sun Protection: \$

Date Purchased

Do you wish to claim home office expenses for income Producing activities? Yes No

If yes how many hours do you spend in your office per week for work related purposes? Note that a diary of usage should be kept for a minimum of 4 weeks each year for substantiation requirements.

No of Hours per week No of Weeks per year.

Do you have Income Protection/Sickness & Accident Insurance? Yes No \$

Did you have Private Hospital Cover for the Full Financial Year? Yes No \$

(If only for part year please advise dates) From / / to / /

Health Fund Name:

Membership Number:

No. of dependent Children:

Medical Expenses

Medicare Number: (Please include reference number at left of name)

Did you have out of pocket medical expenses over \$2162? Yes No \$

Only applicable if claimed last year.

Business Income

Business Income? Yes No \$

(If yes, please contact your Client Manager for an alternative questionnaire)

Other Income

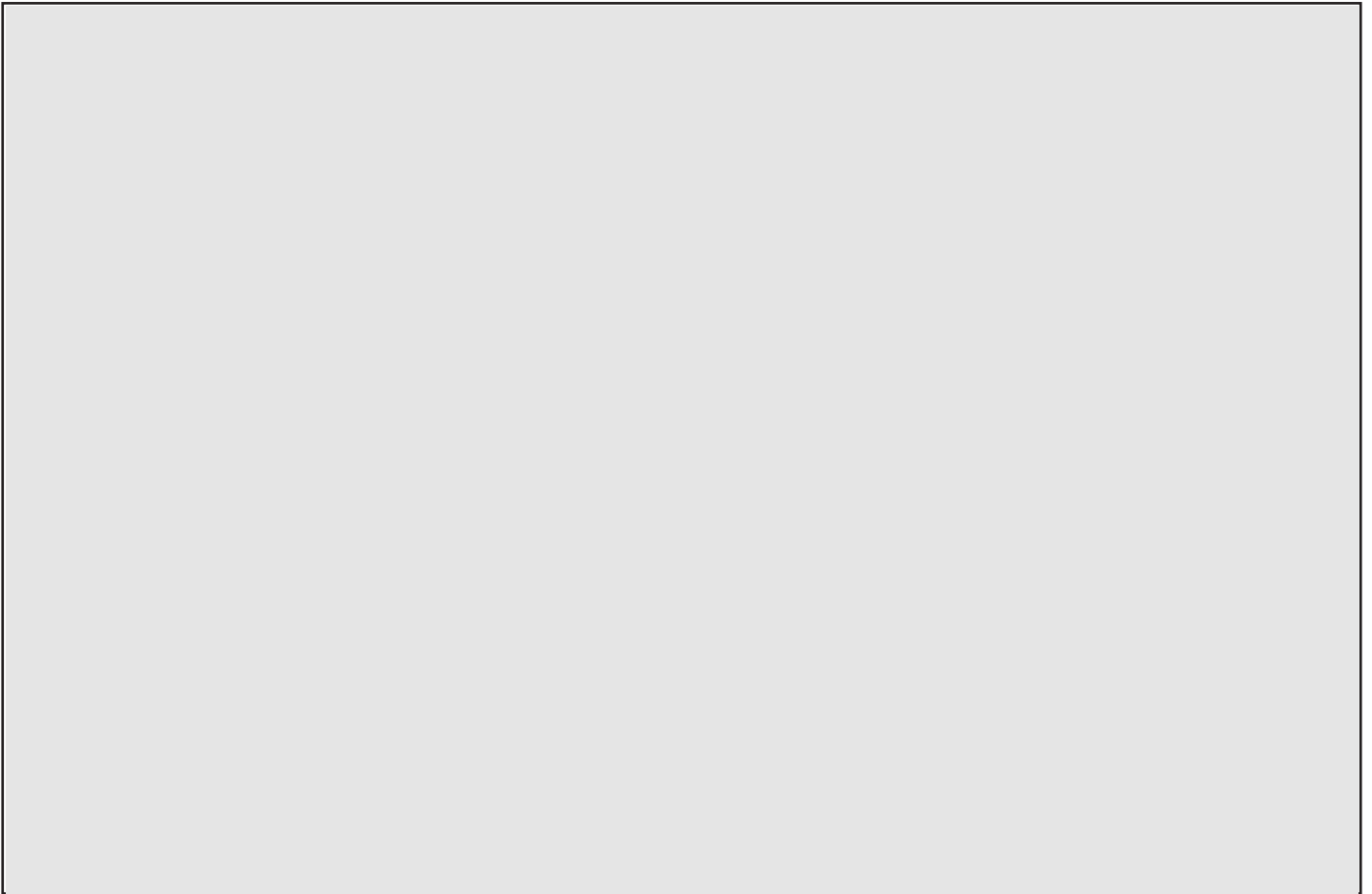
Other Income? (Please provide supporting documentation) Yes No \$

Would you like advice on any of the following?

	Yes	No
Setting up a Business?	<input type="checkbox"/>	<input type="checkbox"/>
Self-Managed Super Funds?	<input type="checkbox"/>	<input type="checkbox"/>
Financial Planning:	<input type="checkbox"/>	<input type="checkbox"/>
Insurance: Life/Trauma/Income Protection	<input type="checkbox"/>	<input type="checkbox"/>
Finance: Leasing / Mortgage	<input type="checkbox"/>	<input type="checkbox"/>

Other: Please Specify

Notes and Further Information:



Please ensure you supply all relevant documentation with this questionnaire.

By clicking on the submit button below this form will be attached to an email. You can then attach supporting documentation to this email before sending to Hales Douglass.

