

# INFORMATION FOR INCOME TAX RETURN – CLIENT CHECKLIST INDIVIDUALS

To assist us in preparing your income tax return, please use this checklist when compiling your information.

With respect to your income, please keep in mind that the Australian Taxation Office has the ability to check income declared on your return against independent sources. In particular, this applies to PAYG payment summary income, interest received and dividends.

FIRST NAME:	FAMILY:		DOB:	/	/
SPOUSE NAME:	FAMILY:		DOB: _	/_	/
SPOUSE TAXABLE II (Please provide a copy of PAYG p					
SPOUSE REPORTAE	BLE FBT AMOUNTS: \$				
SPOUSE REPORTAE	BLE SUPER CONTRIBUTION	S: \$			
NUMBER OF DEPEN	DANT CHILDREN:				
CONTACT NUMBERS	<b>S</b> :				
(H)	(W)	(M)		<del></del>	
RESIDENTIAL ADDR	ESS:				<del> </del>
					· · · · · · · · · · · · · · · · · · ·
POSTAL ADDRESS (	If different to the above addre	ss)			
	will be cont to your namine				
	will be sent to your nomina	teu eman au	iress as soc	ni as c	ompietea.
TAX REFUND					
The ATO will no longe can be credited to you	e <u>r issue refund cheques</u> theref ir account.	ore we require	e your accou	nt deta	ıils so your refun
Name of Account:					
BSB Number:					
Account Number:					
HOW ARE YOU PAYI	NG YOUR ACCOUNT				
☐ Deduction of o	our fees from your refund				

\*By ticking this box, I authorize, Bell Partnership to deduct my fee and deposit the balance to my account as previously notified. I acknowledge that this will incur a \$55 administration charge.



Ch	ild support paid by yo	u		- par titer strip
Οι	itstanding HECS/HEL	P debt:		-
IN	СОМЕ			
1.	PAYG Payment Su	mmaries (formerly kn	own as Group Certifica	tes) (including pensions):
	Were you employed	and in receipt of salary	y and wage income during	g the year?
				No □
	If yes, what was you	ır Occupation:		
2.	•	,		ors' fees, commissions etc.):
۷.	Other Salary moon	ic (include details and	a amounts of any uncoll	513 1663, 66mma310113 etc.).
3.	Termination payme	ents		
	Did you receive any	lump sum termination	payments during the finar	ncial year?
	Yes ☐ (Please provide a	a copy of the ETP Payment S	Summary)	No □
4.	Interest		•	
	Name of Bank	Account No.	VOLID CHADE	TEN withholding
	Name of Bank	Account No.	YOUR SHARE of interest received	TFN withholding
			\$	\$
			\$	\$
			\$ \$	\$

#### 5. Dividends

Please provide copies of dividend statements showing income received. Please note: If you are on a dividend reinvestment plan (DRP), which means you don't physically receive the cash dividend, rather the company uses that money to buy you more shares, it is still income and must be included in your return.

Name of Company	Unfranked	Franked	Imputation Credit
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$



6.	Trusts and Partnerships					
	Did you receive any distribution income from trusts or partnerships during the year? (e.g. MLC, AXA,					
	Colonial Fir	st State etc.)				
	Yes 🗆	(Please attach related annual tax statement)		No 🗆		
7.	Capital Ga	ins				
	Did you sel	any assets such as shares or property that were acquire	d after 20 Septe	mber 1985?		
	Yes 🗆	(Please complete the <b>Schedule of Additional Information</b> at the end	of this checklist)	No 🗆		
8.	Rental Inve	estment Property				
	Did you hav	ve an ownership interest in a rental property during the fir	nancial year?			
	Yes 🗆	(Please complete the <b>Schedule of Additional Information</b> at the end	d of this checklist)	No 🗆		
9.	Employee	Share Schemes				
	Have you participated in an employee share scheme offered by your employer which has provided a discount benefit to you since 1/7/2009?					
	Yes			No □		
	Your emplo	yer will provide a statement showing a breakdown of am	ounts to be inclu	ded in your return		
	under ATO return.	guidelines. Please ensure copies of <u>all</u> statements are in	cluded for prepa	ration of your tax		
DE	DUCTIONS					
		Please ensure you are able to substantiate all claims	, even if less th	<u>an \$300</u>		
1.	Motor Vehi	cle				
	Did you use	e your own car for business/work purposes during the yea able)	ar? (Please note tha	t travel to and from work is		
	Yes 🗌	(If yes, please complete a) Log Book Method)		No 🗆		
a) Log Book Method – Business use (%)						
	Did you ma	oid you maintain a log book for a minimum of 12 continuous weeks?				
	Yes ☐ (Pleas	e attach log book & complete below) No 🗌 (If no, please	complete b) Kilometr	es Method)		
		Motor Vehicle Expense Description:				
			\$			
		9-	\$			
			\$			
			\$			
		- regionalism	\$			
		Repairs & Maintenance	\$			

Tolls

\$



b) Kilo	metres Metnoa:		
		a logbook. Please advise the number of kilom Dallows you to claim is 5,000 kilometres	netres you would
Kilometre	es:		
Work Ur	niform		
Does you	ur employment require you to wear a lo	ogo uniform or protective clothing?	
Yes 🗌	(Please complete below table)	No □	
	Work Uniform Expense D	Description:	
		\$	]
		\$	
		\$	
		\$	
Self-Edu		s deductible work uniform expenses, please visit: //www.ato.gov.au/	-
	u undertaken any courses or professio for which costs in excess of \$250 were	nal development directly related to your empering incurred?	loyment during
Yes 🗌	(Please complete below table)	No □	
	Self-Education Expense I	Description:	_
		\$	]
		\$	

For guidance as to what constitutes deductible self-education expenditure, please visit: http://www.ato.gov.au/

\$ \$

Note: If you have attended University, now or in the past and are paying off your fees through HELP (formerly HECS), please provide us with your most recent HELP statement to include in your return

## 4. Other Work-Related Expenses (including travel expenses)

2.

3.

Have you ir	ncurred other expenditure directly related to your employment during the year	ear?
Yes 🗆	(Please complete the <b>Schedule of Additional Information</b> at the end of this checklist to summarise your work-related expenditure)	No 🗌
	For guidance as to what constitutes deductible work related expenditure, please visi <a href="http://www.ato.gov.au/">http://www.ato.gov.au/</a>	t:



### 5. Gifts / Donations

Did you make any gift/donations over \$2 to a charitable organisation registered as a deductible gift recipient? Please provide details below:

	Name of Organisation	Amount		
6. Income Pro	otection Insurance Expenses			
Did you have a	n income protection policy during the year?			
Yes (Please a	attach related statement)	No 🗆		
REBATES				
1. Superannu	ation			
Have you made any contributions to a superannuation fund on behalf of your spouse?				
Yes 🗌	No □			
Details of c	ontributions (made on behalf of your spouse):			
Name of Fund:				
Policy No.: Amount contributed:		d:		
Details of contributions if you are self-employed:				
Name of Fund:				
Policy No.:	Amount contribute	d:		



#### 2. Private Health Insurance

If you and/or your family has private health insurance please provide us with a copy of the annual tax statement that you would have received from your Health Insurance Fund at the end of the financial year.

Please note that you are required to forward all the above documents to us for preparing your financial statements and income tax return. The above list of documents, while being quite comprehensive, is not meant to be exhaustive.

If you are not certain whether additional information/documents are required or some of the documents are missing, please feel free to contact us.