

2025 INDIVIDUAL INCOME TAX RETURN CHECKLIST

CLIENT DETAILS

First Name	<input type="text"/>	Last Name	<input type="text"/>
Date of Birth	<input type="text"/>	Tax File Number	<input type="text"/>
Residential Address	<input type="text"/>		
City/State	<input type="text"/>	Postcode	<input type="text"/>
Postal Address	<input type="text"/>		
City/State	<input type="text"/>	Postcode	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>
Occupation	<input type="text"/>	Delivery Preference	<input type="checkbox"/> Postal <input type="checkbox"/> Email

BANK DETAILS

All individual tax returns with an estimated refund must include Australian bank account information in order to receive the refund. Please provide your bank details below.

BSB	<input type="text"/>
Account No.	<input type="text"/>
Account Name	<input type="text"/>

FAMILY DETAILS

- Did you have a spouse (married/de facto) at 30th June 2025? ☐ Yes ☐ No
If yes, please include your spouse's details below

Full Name	<input type="text"/>	Tax File Number	<input type="text"/>
Date of Birth	<input type="text"/>	Taxable Income	<input type="text"/>

- Do you have any dependant children? ☐ Yes ☐ No
If yes, please include your Children's details below
Please add additional page with information should space not be sufficient

Child 1:

Full Name	<input type="text"/>
Date of Birth	<input type="text"/>
Nights in Your Care	<input type="text"/>
Income Received	<input type="text"/>

Child 2:

Full Name	<input type="text"/>
Date of Birth	<input type="text"/>
Nights in Your Care	<input type="text"/>
Income Received	<input type="text"/>

INCOME DETAILS

- **Have you received any/all of the below** (if so please forward to our office): ☐ Yes ☐ No
- PAYG Payment Summaries
 - Eligible Termination Payment Summaries
 - Pension or Annuity Statements

- **Have you received any interest on Bank Accounts/Other Investments?** ☐ Yes ☐ No
Please provide details of all accounts on which interest was received, the amount(s) received and if account(s) are jointly or individually held.

- **Did you receive any distributions from Trusts or Partnerships?** ☐ Yes ☐ No
If so, please send in the appropriate information, including the Annual Tax Summaries and Annual Capital Gains Tax Summary.

- **Did you own a rental property during the year?** ☐ Yes ☐ No
If Yes, please complete the below details for each property and include with your information:

- Rent Received
- Interest Paid on Loan
- Any other Property Related Expenses Paid (Council Rates, Land Tax, Repairs & Maintenance etc)

Rental Property Address	<input type="text"/>		
City/State	<input type="text"/>	Postcode	<input type="text"/>
No. of Weeks Rented for Year	<input type="text"/>	Ownership Percentage	<input type="text"/>

If the property was purchased during the year we require the following information:

- The contract date and settlement date
- A list of chattels bought, cost of each and purchase date (e.g. stove, hot water service, carpets, curtains, blinds, oven, heater, ducted heating, etc.)
- Details of the loan to purchase the property including borrowing costs incurred
- Details of stamp duty and legal fees paid
- The date the property was first constructed (year and month are sufficient)
- The date the property was rented out, if applicable

- **Do you own any shares?** ☐ Yes ☐ No

If yes, we need the dividend statements for the year. (This also includes Employee Shares)

If you have no dividend statements, we need a list of the total dividends received from each company as follows:

- Unfranked Dividends
- Franked Dividends
- Imputation Credits

- **Did you sell any assets during the year that may give rise to Capital Gains Tax?** ☐ Yes ☐ No

(i.e. Shares, Rental property, Cryptocurrency, other investments, etc.)

If so we need the following information:

- A description of the asset
- The purchase and sale dates of the asset
- The cost price of the asset (including purchase price, stamp duty, legal expenses, broker's fees etc.). Attach details and documents.
- The sale price of the asset (including sales commission, legal expenses, broker's commission etc.) Attach details and documents.
- If shares were sold, we need the sale documents, the original purchase documents and all dividend reinvestment documents, if any. (These must show the purchase/sale prices and dates).

- **Did you receive any other income?** ☐ Yes ☐ No

If so we need full details of the source and amount of income received.

DEDUCTION DETAILS

- **Do you use your car for work, other than for travel from home to work?**

☐ Yes ☐ No

If yes, please advise the following:

Vehicle Make & Model	<input type="text"/>	Business Use %	<input type="text"/>
Vehicle Registration	<input type="text"/>	Logbook %	<input type="text"/>
Work KMs Driven	<input type="text"/>		

(a) If you travelled 5,000 business kilometres or less, we need details of the business kilometres travelled.

(b) If you travelled more than 5,000 business kilometres for work or would like to use the log book method, then we need to know the actual running costs of the car such as:

- Insurance
- Registration
- Petrol (If no receipts, please provide an estimate (e.g. \$50 per week)
- Repairs & Maintenance
- Lease or Hire Purchase Payments (Including copy of the finance contract)

- **Did you buy or sell a motor vehicle during this financial year, which was used for work?**

☐ Yes ☐ No

If a car was sold we require:

- Date of Sale
- Sale Price
- Dealer Sale Document (including Trade in Details)
- Finance Payout Information (If any)

If a car was purchased we require:

- Date of Purchase
- Purchase Price
- Dealer Purchase Document (including Trade in Details)
- Finance Information (Lease/Hire Purchase - If any)

- **Did you incur any work related travel expenses?**

☐ Yes ☐ No

If so, we need a list of expenses incurred (e.g. flights, taxi, train, bus fares for training courses, trade fairs etc.

Please note that a diary should be kept if away from home for 6 nights or more and receipts should be supplied where possible.

- **Did you incur any expenses in relation to uniforms or protective clothing including the laundry / dry cleaning of these uniforms?**

☐ Yes ☐ No

If yes please provide a list of these expenses.

- **Did you complete any self education courses which were related to your work?**

☐ Yes ☐ No

If yes, we need to know what type of course, the name of the Institution and what expenses were incurred.

- **Did you complete any work at home?**

☐ Yes ☐ No

If yes, please provide the number of hours per week, and the number of weeks.

Please also provide details & receipts for any related expenses (e.g. stationery, books, furniture, etc.).

Please note, to claim a home office deduction, you will need to record the total number of hours you work from home and keep a record of this (such as a timesheet).

- **Did you have any other work related expenses? If so, we require details of these expenses in summary form, or the actual receipts along with the percentage of use that was related to your work.**

☐ Yes ☐ No

- | | |
|-------------------------------|--|
| ◦ Union Dues | ◦ Depreciation (tools, equipment including dates of purchase of any new equipment, amount paid, description, etc.) |
| ◦ Seminars & Conferences | ◦ Mobile/Phone Bills |
| ◦ Stationery | ◦ Tools |
| ◦ Briefcase or Calculator | ◦ Internet Expenses |
| ◦ Subscriptions | ◦ Income Protection Insurance |
| ◦ Computer or Laptop Expenses | |

DEDUCTION DETAILS - CONTINUED

- **Did you take out any new loans / borrow for business or investment purposes?**

☐ Yes ☐ No

If yes, we need details of the purpose of the loan, the loan statement(s), the term of the loan, application costs and other expenses paid to the financier on the loan.

- **Did you make any donations over \$2.00?**

☐ Yes ☐ No

If yes, please provide a list of these donations. A maximum of \$10 can be claimed without receipts. If over \$10, please provide receipts.

- **Did you make any personal superannuation contributions to a complying super fund?**

☐ Yes ☐ No

If so, can you please provide the below information:

Superannuation Fund Name	<input type="text"/>
Superannuation Fund ABN	<input type="text"/>
Member Account Number	<input type="text"/>
Personal Superannuation Contribution Amount	<input type="text"/>

Persons between the age of 67 to 75 years old must pass the work test to be able to claim a deduction for personal super contributions (being that you were gainfully employed for at least 40 hours over a consecutive 30-day period in the financial year in which the contribution was made.

If you wish to claim a personal superannuation contribution as a deduction, please ensure you have notified your Superannuation Fund by submitting a "Notice of Intent to Claim" form.

- **Did you incur Accounting Fees for preparing last years Tax Return? If yes, we need to know the amount and who it was paid to.**

☐ Yes ☐ No

(If Palmer & Associates, we will have these on record)

- **Do you have H.E.C.S./H.E.L.P or Student Supplementary Loan (SSL) debts?**

☐ Yes ☐ No

If yes, please provide us with a copy of the statement or amount of debt outstanding and details of amounts paid off the loan.

- **Did you become a resident of Australia or cease being a resident of Australia during this financial year?**

☐ Yes ☐ No

If so we need to know the date residency status changed and details of any income earned overseas.

REBATES

- **Did you make any contributions to your spouse's superannuation fund?**

☐ Yes ☐ No

If yes, please include details of the amount of contributions and the taxable income of your spouse.

- **Do you have any dependents other than your children e.g. Parents?**

☐ Yes ☐ No

If yes, please include details such as; full name, date of birth and relationship of dependent.

- **Are you and all your dependants (including your spouse) covered by private health/hospital insurance?**

☐ Yes ☐ No

If yes, you will no longer automatically receive a statement from your health fund unless you request one. Instead the tax statement information will be sent directly to the ATO. The changes mean that you will no longer need a tax statement in order to submit your tax return if you lodge online or with a registered agent. Please advise us who is covered under your Health Insurance.

DECLARATION

Completed By (Full Name)	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

All Income Tax Notice of Assessments will be emailed to you from our office (unless a refund cheque is attached to it).

Please ensure you provide us with your current email address to ensure that the notice is emailed to the correct address.

Please note: If you have a MyGov account with the ATO, your Notice of Assessment will need to be accessed via your MyGov account.
