

2019 INDIVIDUAL INCOME TAX RETURN CHECKLIST

OFFICIAL USE ONLY

Reconciled to the prefill []
Information received by: Meeting [] Email [] Post []
Contact information updated in XPM []

Full name			
Address (residential)			
Address (postal)			
	Mobile:		
Telephone	Business Hours (wor	k):	
	After Hours (home):		
Email			
	BSB:		
Electronic Banking Details	Account Number:		
(for refund if applicable)	Account Name:		
Main Occupation			
How do you wish to receive and sign your return? (please circle)	Рарег	DocuSign	Electronic (PDF attached to email)
If your personal circumstances have changed, e.g. new partner, married, separated, birth of child etc please let us know and we will contact you for more information.			

PLEASE RETURN COMPLETED FORM TO OUR OFFICE.

PLEASE INDICATE INFORMATION PROVIDED OR NOT APPLICABLE FOR EACH OF THE ITEMS LISTED.

ATTACH SUPPORTING DOCUMENTATION.

INCOM	IE	Y/N	Information Provided
1	Salary or Wage (PAYG Payment Summary)		
2	Allowances, Earnings, Tips, Director's fees, etc		
3	Employer Lump Sum Payments		
	See PAYG Payment Summary for Details at Label A and B		
4	Eligible Termination Payments (ETP's) Obtain and attach any ETP payment summaries and employer termination		
	statements		
5	Australian Government Allowances and Payments Youth Allowance, Newstart, Sickness, Special Benefit, Educational,		
	Training Allowances		
6	Australian Government Pensions and other Allowances		
7	Other Australian Pensions or Annuities – including superannuation pensions		
8	Australian Superannuation Lump Sum Payments		
10	Gross Interest		
	From bank accounts or other sources		
11A	Dividends Includes dividend reinvestment (DRP) or any other information (eg:		
	buybacks, consolidations, return of capital		
11B	Share Purchases		
IID	Did you purchase any shares throughout the year (eg: purchase documents, sales contracts)		
12	Employee Share Schemes		
	Partnerships and Trusts		
13	Provide tax statements for any managed funds or copy of partnership's or trust's return		
14/15/	Net Income or Loss from Business		
16	Provide a summary of income and expenses that relate to the business		
18	Capital gains If you have sold an asset (e.g.: shares, managed fund, property); please		
	provide the purchase date, purchase cost, sale date and sale price		
20	Foreign Source Income (including foreign pensions) and foreign assets/property		
	Rental properties		
	Property address:		
	For new properties only:		
21	Date Purchased: / / Amount: \$		
	Attach copy of the Purchase Contract and Settlement Statement.		
	All Rental Properties:		
	 Rental income (annual statement from property agent, if engaging services of an agent) Interest charged on money borrowed for the rental property Details of other expenses relating to the rental property such as water 		
	charges, land tax and insurance premiums Details of any capital works expenditure to the rental property		

DEDUC	CTIONS	Y/N	Information Provided
	Work-related car expenses		
	There are two methods available are:		
D1	If you have travelled greater than 5,000 business kilometres please provide a valid logbook for calculation of business use percentage.		
	If you have travelled less than 5,000 business kilometres please provide your business kilometres travelled.		
	Work-related travel expenses		
D2	If yes, please provide any details, receipts and/or travel diary for any employee domestic or overseas travel, also including any out of pocket travel expenses such as tolls, parking, taxi/uber fares.		
	Work-related uniform, occupation specific or protective clothing, laundry and dry-cleaning expenses		
D3	 Protective clothing and safety footwear; or Compulsory uniforms – non-conventional clothing that the 		
	employee is compelled to wear; or		
	Occupational-specific – clothing that identifies a person as a member of a specific profession, trade, vocation.		
D4	Work-related self-education expenses		
D4	Including student union fees, books, stationery, consumables, travel, and depreciation.		
	Other work-related expenses		
	Examples include:		
	Union Fees, Licence Fees & Registrations		
	 Home Office (hours per week you work from home) Subscriptions, Memberships & Journals 		
D5	Mobile, telephone & internet		
	 Overtime meals & other allowance W/Off Seminars and training 		
	Tools		
	Stationery NOTE: Assets seeting loss than \$200 can be written off while these.		
	NOTE: Assets costing less than \$300 can be written off while those exceeding \$300 must be depreciated		
D7/D8	Interest & Dividend Deductions		
	Expenses incurred in earning interest, dividend or other investment income.		
D9	Gifts or donations		
D10	Cost of managing tax affairs		
	If your return was prepared by us last year, we will have the cost on our system.		
	Personal super contributions		
	Please provide:		
	Full name of fund:		
	Acc No:		
D12	Fund ABN:		
	Fund TFN:		
	To claim a deduction for personal super contributions you must provide us with a Notice of Intent to Claim a Deduction form from your super fund.		
	Without this form we cannot lodge your tax return. It can be obtained via the ATO website or contact Kidmans Partners for more information.		
	NOTE: If it is from a SMSF managed by us we will take care of this for you.		
D15	Other deductions		
•	Income protection insurance premiums.		

TAX OFFSETS		Y/N	Information Provided
Т3	Superannuation contributions on behalf of your spouse Did you make contributions to a complying superannuation fund on behalf of your spouse?		
Т4	Zone Offset Did you live in a remote area of Australia or serve overseas with the Australia Defence force of the UN armed forces in 2019?		
Т5	Total net medical expenses Did you have net medical expenses in 2019 that relate only to disability aids, attendant care or aged care expenses?		
Т6	Invalid and invalid carer Did you maintain a dependent who is unable to work due to invalid or carer obligations?		

OTHER RELEVANT INFORMATION	Y/N	Information Provided
Did you have Private Health Insurance in 2019? If yes, please provide a copy of the statement.		
If we do not prepare your spouse's tax return, what is their Taxable Income for the year?		
Please provide details of all dependent children (if applicable)		
Name: Date of Birth: / /		
Name:		
Date of Birth: / /		
Name:		
Date of Birth: / /		

OTHER CLIENT NOTES		