

Individual Client Checklist

Please print and complete the following checklist prior to forwarding tax documents to this office to assist us in preparing your tax return.

Client Name:
 Home Address:
 Telephone:
 Home
 Work
 Fax
 Mobile
 Email:
 Home
 Work
 Tax File Number:
 Occupation:
 Date of Birth:

Income

	Yes	No
Salaries (attach all payment summaries received)		
Terminations Payments & Superannuation (attach all payment summaries and statements of termination)		
Government Benefits & Pensions (attach statements)		
Allowances (attach details)		
Interest Income (attach income statement or details of bank, account number and total interest received and bank charges)		
Business Income (attach details of all business income and expenses)		
Capital Gains (attached purchase and sale contracts for all assets including shares)		
Rental Income (refer to Rental Schedule Checklist for details required)		
Dividend Income (attach dividend statements or details of date, company, franked amount, unfranked amount and imputation credit)		
Foreign Source Income (attach statement)		
Other Income (attach details)		

Expenses

	Yes	No
Home Office expenses (Refer to Home Office Expense Schedule)		
Motor Vehicle Expenses (refer to Motor Vehicle Expense Checklist for details required)		
Travel Expenses (attach details)		
Uniform / Protective Clothing Expenses (attach details)		
Self-education Expenses (attach details)		
Professional Fees (attach details)		
Donations (attach details)		
Other deductions (attach details)		

Other Details

	Yes	No
HECS Liability (attach most recent statement)		
Private Health Insurance (attach fund statement)		
Medicare Exemption (attach details)		
Dependant Spouse (attach details of name, date of birth and income)		
Dependant Children (attach details of each child, their date of birth, and their income)		