



## **2017 INDIVIDUAL TAX RETURN - CHECKLIST**

Please use this document to collect all necessary information for the completion of your tax return for the financial year ended 30 June 2017.

As your Tax Returns are generally not due for lodgment before May 2018, please send your information for the year ended 30 June 2017 as soon as possible and advise if the work is required urgently (e.g. for finance approval etc.) We shall endeavor to ensure that your tax return is lodged with the ATO by the due date, provided ALL relevant information and documentation is received no later than 10 weeks prior to your due date. This will allow us sufficient time for preparing and lodging the tax return.

We will provide an electronic copy of your tax return via email only. If you would like a paper copy, please advise our office.

### **PERSONAL DETAILS:**

<b>Given Name(s):</b>		<b>Family Name:</b>	
<b>Residential Address:</b>			
	<b>Suburb:</b>	<b>State:</b>	<b>Postcode:</b>
<b>Postal Address: (if different from above)</b>			
	<b>Suburb:</b>	<b>State:</b>	<b>Postcode:</b>
<b>Email address:</b>		<b>Business Hours Phone:</b>	
<b>Mobile Phone:</b>		<b>Home Phone:</b>	

### **BANKING DETAILS: - Required if a refund is expected**

<b>Account Name:</b>
<b>BSB Number : (6 digits)</b>
<b>Account Number:</b>

### **SPOUSE DETAILS (married or de facto) – Please provide details if MW Partners is not preparing your spouse’s tax return.**

<b>Tax File Number:</b>	<b>Date of Birth:</b>
<b>Given Name(s):</b>	<b>Family Name:</b>
<b>Adjusted Taxable Income for the financial year ended 30 June 2017:</b>	
\$.....	

**DEPENDENT CHILDREN**

<b>Given Name(s):</b>	<b>Family Name:</b>	<b>Date of Birth:</b>
<b>Given Name(s):</b>	<b>Family Name:</b>	<b>Date of Birth:</b>

**PRIVATE HEALTH INSURANCE**

<b>Did you have private health insurance during the 2017 financial year?</b>	<b>YES – Please provide a copy of the Annual Statement</b>
	<b>NO – Medicare Surcharge Levy may apply</b>

**MEDICARE LEVY**

<b>Do you have a Medicare Levy Exemption or Reducton Certificate?</b>	<b>YES – Please provide a copy of the Certificate.</b>
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**QUARTERLY PAY AS YOU GO INSTALMENTS – Did you make quarterly PAYG Instalment payments to the ATO?**

July – September 2016	\$
October – December 2016	\$
January – March 2017	\$
April – June 2017	\$

**STUDENT LOANS – Did you have a HELP, SSL, TSL or SFSS Loan/financial assistance debt as at 30 June 2017?**

<b>HELP</b> (Higher Education Loan Programme)	\$
<b>SSL</b> (Student Start-up Loan)	\$
<b>TSL</b> (Trade Support Loan)	\$
<b>SFSS</b> (Student Financial Supplement Scheme)	\$

**INCOME:**

<b>Occupation</b>	Main Occupation:
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**Please provide copies of statements below:**

<b>PAYG Payment Summary Statement</b>	Number of Statements attached:
<b>Termination Payment Statement</b>	Number of Statements attached:
<b>Employee Share Scheme (ESS) Statement</b>	Number of Statements attached:

**INTEREST**

<b>Bank</b>	<b>Joint Account?</b>	<b>Account Number</b>	<b>Interest Received</b> \$	<b>TFN Withholding</b> \$
	Y / N			
	Y / N			
	Y / N			

**DIVIDENDS** – Please provide copies of all dividend statements. Also note that if you are on the Dividend Reinvestment Plan (DRP) which means you don't physically get the money in the bank (the company uses that money to buy you more shares) that this is still income and must go in your tax return.

Company	Unfranked \$	Franked \$	Franking Credit \$

**TRUSTS AND PARTNERSHIPS** – Includes income distributions received by any Family Trust, Unit Trust, Managed Funds or Partnerships. Please provide Annual Tax Statements where applicable.

Name of Trust /Fund	Amount \$	Tax Statement Attached?
		Yes / No
		Yes / No

**CAPITAL GAINS** – If you had any investment assets such as Shares or Investment Property that you sold during the year ended 30 June 2017, you may have a capital gain/loss to include in your tax return. Please provide a list of investment assets sold and attach all relevant documentation such as purchase and sale contracts. We will contact you for more information if required.

Details of Investment Asset Sold	Purchase and Sale Documents Attached?
	Yes / No
	Yes / No

**RENTAL PROPERTY** – Please provide us with the following information for each of your rental properties where applicable:

- Purchase/Settlement Contracts if bought after 1 July 2016
- Sale Contract if sold and settled after 1 July 2016
- Real Estate Agent Annual Income & Expenditure Statement for 1 July 2016 to 30 June 2017
- Council Rates Notices
- Water Rates Notices
- Body Corporate Statements
- Land Tax Notices
- Insurance Invoices
- Repairs & Maintenance Receipts
- Quantity Surveyor Report
- Renovation and New Assets Receipts
- Bank Loan Statements

**BUSINESS ACTIVITY** - If you carried on a business activity during the year ended 30 June 2017, please provide all relevant bookkeeping records.

**OVERSEAS ASSETS AND FOREIGN INCOME**

Did you own any assets valued at \$50,000 or more outside of Australia during the 2017 financial year?	Yes / No	Details:
Did you have any foreign income such as interest or foreign pensions?	Yes / No	Details:

**OTHER INCOME** – Any income that you received which does not fit into any of the above categories – please provide details.

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## **DEDUCTIONS:**

Please note that the Australian Taxation Office may request tax invoices or receipts to substantiate any deductions.

### **WORK RELATED CAR EXPENSES**

Did you use your own car for work purposes?      YES / NO	If YES - Make & Model of Car .....	
	Registration Number: .....	
Do you have an ATO approved format Log Book? YES / NO	If YES – Please provide your log book	
If you <b>did keep a log book</b> , please provide details/receipts for the following expenses:  <i>(If you <b>did not</b> keep a log book, you are not required to provide the expenses listed to the right as these are <b>not tax deductible</b>)</i>	Fuel	\$
	Registration	\$
	Insurance	\$
	Repairs & Maintenance	\$
	Loan/Lease Payment (please provide copy of contact)	\$
If you <b>did not keep a log book</b> , please provide kilometres travelled for work related purposes (up to 5,000km). This EXCLUDES travel between home and workplace (unless required to carry bulky work material – special circumstances apply)	.....Kilometres travelled for work related purposes @ .66c per km \$.....	

### **WORK RELATED TRAVEL EXPENSES** – Including cost of air tickets, accommodation, meals and incidentals on business trips.

Airfares	\$
Accommodation	\$
Meals/Incidentals	\$
Taxi	\$
Parking	\$
Citylink / Tolls	\$
Other	\$

### **WORK UNIFORM, PROTECTIVE CLOTHING AND LAUNDRY COSTS** - Did you wear a logo uniform or protective clothing during work? If yes

Laundry (\$150 without receipts allowed)	\$
Dry Cleaning	\$
Uniforms purchased	\$
Protective Wear purchased	\$

**OTHER WORK RELATED DEDUCTIONS**

**Self Education** – must be undertaken at an educational institution and relate strictly to current employment activities (Course fees, Books, Stationery, Travel) – please provide all invoices/receipts

Note: \$250 Reduction Calculation Category A & E

<https://www.ato.gov.au/individuals/income-and-deductions/in-detail/education-and-study/claiming-self-education-expenses---specific-expenses/?page=6>

Name of Course:.....

Name of University: .....

Course Fees: \$.....

Books, stationery \$ .....

Travel \$.....

Other \$.....

Seminar Costs (not educational institution)

\$

Memberships/Subscriptions/Professional Insurance/Radiation Licence etc

ADA \$ ..... APHRA \$ .....  
\$.....  
\$ ..... \$.....  
\$.....

Diary, Stationery, Postage

\$

Tools, Work Materials

\$

**Mobile Phone & Internet**

From 1 July 2015, the tax office has changed the way tax payers used to claim work related telephone and internet costs.

**If you occasionally use telephone and internet for work purposes, you can claim up to \$50 without having to analyse your bills.**

**If you believe your business use of telephone and internet costs is more than \$50, you will need to one of the following:**

- a) When usage is itemized on your bills (Please provide us with a 4-week bill and advise us the business percentage after you analyse your 4-week bill)
- b) The analysis of a 4-week bill would include number of calls made as a percentage of total calls, the time spent on work as a percentage of your call, and the amount of data downloaded for work purpose as a percentage of your downloads.

When usage is not itemised on your bills (Please provide us a diary/record of 4 week period and advise us the business percentage as below)

If you have a phone plan where you don't receive an itemised bill, you determine your work use by keeping a record of all your calls over a 4-week representative period and then calculate your claim using a reasonable basis.

Bundled Services needs to be apportioned for telephone and Internet separately.

Telephone and Internet Costs	Bills or Record if applicable	Business Use %	Total Amount \$
Telephones or Mobile Phones	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Internet Costs	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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Home Office Running Expenses (.45c per hour) Average Hours per week ..... x ..... weeks	\$
Computer accessories /software etc.	\$
Assets purchased over \$300	\$
Other expenses – please provide details	\$

**INTEREST AND DIVIDEND DEDUCTIONS** – Have you incurred any expenses in relation to dividends or interest that you have earned? This may include interest on loans, management fees, stationery and software for record keeping etc. Please provide details below:

Expense Details	Amount \$

**DONATIONS** – Did you make any donations to a Deductible Gift Recipient <http://abr.business.gov.au/DgrListing.aspx> or to school building fund? If so, please provide the following details:

Organisation Name	ABN	Amount \$	Date Paid

**COST OF MANAGING TAX AFFAIRS**

Tax Agent Fees \$	Travel to tax agent .....km @ .66c per km \$.....
Audit Insurance \$	
ATO Interest Paid \$	

**OTHER DEDUCTIONS**

Income Protection Insurance – please provide copy of policy	\$
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**PERSONAL SUPERANNUATION CONTRIBUTIONS** – Have you made any personal contributions to a superannuation fund which may be tax deductible? (This does not include super contributions made by your employer on your behalf)

<b>Full Name of Fund:</b>		Did you pass the employment less than 10% test? <b>Yes</b> <b>No</b>
<b>Account / Policy Number:</b>		
<b>Fund ABN</b>	<b>Fund TFN</b>	Have you provided the fund a notice of intention to deduct the contribution? <b>Yes</b> <b>No</b> Has this notice been acknowledged by the fund? <b>Yes</b> <b>No</b>
<b>Amount: \$</b>		

**MEDICAL EXPENSES**

The net medical expenses tax offset is being phased out. From 2015-16 until 2018-19, claims for this offset are restricted to net eligible expenses for **DISABILITY AIDS, ATTENDANT CARE** or **AGED CARE**. Net expenses are your total eligible medical expenses minus refunds from Medicare, National Disability Insurance Scheme (NDIS) and private health insurers which you or someone else, received or are entitled to receive.

This offset is income tested. If you are eligible for the offset, the percentage of net medical expenses you can claim is determined by your Adjusted Taxable Income (ATI) and family status. Please refer to the table below:

Status	Adjustable Taxable Income for Rebates	Net Medical Expenses	Rate of Offset
Single	\$ 90,000 or less	Greater than \$2,299	20%
	\$ 90,000 or more	Greater than \$5,423	10%
Family	\$180,000 or less	Greater than \$2,299	20%
	\$180,000 or more	Greater than 5,423	10%

Please provide invoices/receipts

<b>Disability Aids</b>	\$
<b>Attendant Care / Aged Care</b>	\$
<b>LESS : REBATES RECEIVED if applicable)</b>	\$(.....)
<b>TOTAL NET MEDICAL EXPENSES:</b>	\$

**OTHER** - If there is any other information which you are unsure of, or which you would like us to be aware of, please provide details below: