

Please use this checklist to compile your information for your tax return. Your efforts to complete the checklist and provide all the necessary information will enable us to process your return quickly and efficiently as we won't need to go back to you with further request for information. This will ultimately save you money and time.

If we are preparing your return for the first time, please provide copies of your last tax return, ATO assessment notice and if any, ATO objections, penalties, PAYG instalment notices etc.

When completed, please phone us on **03 9763 8989** to make an appointment or just send this information to us to prepare your tax return. Please feel free to contact us if you have any questions.

YOUR PERSONAL DETAILS:

Full Name: _____	Occupation: _____
Date of Birth: _____	TFN: _____
Home Address: _____	ABN: (if any) _____
	Email Address: _____
Telephone: Home _____ Business _____ Mobile _____	

Has your name changed since last tax return? Yes No If yes, provide previous Family Name _____

To use EFT for your refund, provide BSB No. _____ A/C No. _____ A/C Name: _____

Are you an Australian Tax Resident? Yes No (If unsure, please discuss with us.)

Become an Australian tax resident during year? Yes No If yes, when ____ / ____ / ____

Stop being an Australian tax resident during year? Yes No If yes, when ____ / ____ / ____

Did you have a spouse? Yes No If not for the full year, spouse from ____ / ____ / ____ to ____ / ____ / ____

Spouse Name: _____ TFN: _____ DOB: ____ / ____ / ____

If spouse tax return is not prepared by TEO PARTNERS, please attach spouse income tax return.

Provide details of dependent children, if any: Name, Date of birth, income from work, if any.

INCOME:

1. *Payment Summaries: (Please attach if any)*

	Yes	No	Number Attached
a. Salary/Wages	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Eligible Termination Payments (ETPs)	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Government Allowance/Pensions	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Other Australian Superannuation/Annuities	<input type="checkbox"/>	<input type="checkbox"/>	_____

2. *Interest Received (Please attach a list similar to format below, if insufficient space)* Yes No

Name of Bank	Account No.	Joint (Y/N)	Amount	TFN Withholding

TEO PARTNERS
INCOME TAX RETURN CHECKLIST 2011 (INDIVIDUAL)

3 Mitta Close
ROWVILLE VIC 3178
Tel: 9763 8989

For Log Book or 1/3 Actual Expense Method, please provide:

Expense	Amount	Expense	Amount
Petrol		Loan Interest	
Insurance		Lease Payments	
Registration		Other	
Repairs/Services			

Did you purchase a new vehicle during the year? Yes No

If yes, please provide the purchase and finance details. Details attached?: Yes No

2. *Equipment purchased during the year* (for work use): Yes No

(If yes, please list those >\$300. Attach list if insufficient space))

Details	Date acquired (*)	Estimated Useful Life (if known) (*)	Cost	Work %age

(*) Not required for items < \$1,000)

3. *Some common deductions:* (Ensure diaries are kept where required)

Details	Amount	Private %age	Details	Amount	Private %age
Bank charges			Overtime meals		
Computer consumables			Printing/Stationery		
Diary			Prof. membership		
Donations			Protective wear		
Dry cleaning			Repair/Maintenance		
Equipment/Tools (Small)			Seminar/Courses		
Fax			Sun protection items		
Home office – No. of hours =			Tax agent fees		
Home phone			Travel to tax agent etc		
Income protection insurance			Teaching aids		
Interest expense			Tolls/Parking		
Internet			Travelling expenses		
Laundry at home – No. of washes =			Uniform		
Materials			Union fee		
Magazines/Books					
Mobile phone					

4. *Other deductions not included above:* (e.g. Self Education Expenses, Foreign Pension UPP etc.)
Please provide details. Yes No

5. *Losses carried forward from previous years:* Tax Yes No Capital Yes No

TAX OFFSETS:

- 1) Do you maintain any dependent parent/parent-in-law/invalid relative? Yes No
- 2) *Private Health Insurance:* Do you have private health insurance? Yes No
If yes, please provide us with copy of the health fund statement they send you after the end of the financial year, this will tell us if you are entitled to a rebate.
- 3) *Superannuation:*
- a) Have you made superannuation contributions on behalf of your spouse? Yes No
If yes, \$
- b) Have you made any personal contributions to your superannuation fund? If so you may be entitled to super co-contributions (conditions apply). Yes No If yes, \$
- 4) *Medical Expenses:* (Medical Expenses cannot include any cosmetics procedures)
Did the total of your or your entire family's net medical expenses exceed \$2,000.00? Yes No
If yes, please complete the following:

Type	Gross Amount	Reimbursements	Net Amount	Type	Gross Amount	Reimbursements	Net Amount
Doctors				Hospitals			
Dentists				Others			
Chemists							

- 5) *Education Tax Offset:* If you are entitled to FTB A or a Centrelink payment that stopped FTB A, provide Children's names, Year in School and eligible education expenses eg school text, calculators, computer, software, internet, tools etc.
- 6) Do you live in a remote area of Australia? Yes No If yes, provide location, period of stay & allowance
- 7) Any other tax offsets such as Landcare & Water Facility: To provide details.

OTHERS:

- 1) Do you have a HECS/HELP debt? Yes No If yes, Amount: \$_____
- 2) Are you exempt from paying medicare levy? Yes No If yes, please provide details.
- 3) Tax-free government pensions if you received any: \$_____
- 4) Target foreign income: Disclose in AUD if you received any that is neither part of your taxable income nor a fringe benefit. AUD_____
- 5) Child support you paid during the 2010 year. \$_____
- 6) Amount on which family tax distribution tax has been paid. \$_____
- 7) Credit for interest on tax paid. \$_____
- 8) Any direct or indirect interest in these foreign entities: CFC, FIF or FLP? Yes No
- 9) Ever directly or indirectly caused the transfer of property or services to a non-resident trust estate? Yes No
- 10) Any other information which you are unsure of category or deductibility and would like us to be aware of: (e.g. if you have a housekeeper/child-housekeeper) Yes No If Yes, Please provide details.