

# **TAX QUESTIONAIRE 2016**

## **Individual Income Tax Return Checklist**

Please complete the following checklist and return along with your PAYG Payment Summary (ies) and any other requested information in electronic format (.pdf preferred). We <u>will not</u> return to you original documents unless previously agreed. Please refer to our website at <u>www.andersonharrop.com.au</u> for Fees & Charges. As previously advised, returns will not be lodged until payment for services is made or arranged for.

Personal Details			
Name :			
Address:			
Phone Business Hours (or mobile)		Email	
Spouse details			
Name	Date of Birth	Taxabl	e income \$
Income Please indicate by circling, yes or no if you have received any of the following sources of income.  Salary & Wages			
If yes, include PAYG Payment Summ	nary(ies).		
Occupation			
Age Pension / Other Centrelink Payments			
If yes, include documentation <b>Termination Payments (including S</b>	ungrannuation I u	mn Sume)	
If yes, include PAYG Payment Summ	•	<u> </u>	
Annuities / Superannuation Pension			
If yes, include PAYG Payment Summ	ary and other releva	ant documentation.	
Interest			
Institution:	An	nount	
Institution:	An	nount	
Where you have multiple accounts ple	ease provide a sumr	nary, including joint	
accounts.			
Investments / Managed Funds			
If yes, include tax summary <b>Dividends</b>			
If yes, provide dividend statements			
Rental Property			
If yes, provide all relevant documents			

# ACCOUNTING & FINANCIAL SERVICES

Other Income / Capital Gains			
If yes, provide brief description and documentation.			
<b>Please note</b> : Shares held in a company that has been take over or merged may be			
subject to capital gains tax			
Deductions			
Travel / Motor Vehicle Expenses			
If you travel more 5,000 Kms for work purposes throughout the year, you should			
use a logbook to maximise your claim			
If yes, please advise			
1 Work related Kms			
2 Engine capacity			
Protective Clothing / Uniform			
Self Education Expenses			
Work Related Subscriptions / Journals			
Gifts / Donations			
Tax Agent fees			
New Equipment			
Date Purchased:Cost:			
Description:			
Other expenses not listed above (Attach separate sheet if necessary)			
Description:			
Description:			
Amount: \$			
Amount: \$			
previously claimed this offset)			
Health Insurance Offset			
(Please send us your premium statement and refer to			
https://www.ato.gov.au/Individuals/Medicare-levy/In-detail/Medicare-levy-			
surcharge/Private-health-insurance-rebate-and-Medicare-levy-surcharge/ for			
eligibility)			

#### **Substantiation**

Please note - In accordance with the Tax Office's substantiation guidelines if your work related deductions exceed \$300 receipts must be retained to validate those claims.

### **Superannuation & Personal Insurances**

Please remember to bring an up-to-date superannuation statement from your current super fund as well as details of any insurance cover you hold (life insurance, tpd insurance, income protection insurance)

#### **Mortgage Details**

Please remember to bring an up-to-date loan statement so that we can assess you current mortgage for interest rate, repayment levels and loan provider.