



WILSON PATERAS
ACCOUNTANTS & ADVISORS

Individual Information Checklist

Please use this document to help you collect all the necessary information for the completion of your personal tax return for the financial year ended.

Some of the questions may not be relevant to you or you may have special circumstances which are not listed here. If you have any questions please contact our office on (03) 8419 9800 to discuss your individual needs.



Personal Details

Full Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth (DD/MM/YYYY)			
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged		
Main Occupation			
Other Occupation			
Residential Address			
	State		Postcode
Postal Address (Leave blank if same as residential)			
	State		Postcode
Phone		<input type="checkbox"/> Preferred Contact	
Mobile		<input type="checkbox"/> Preferred Contact	
Email		<input type="checkbox"/> Preferred Contact	

Banking Details

Account Name			
BSB			
Account Number			

Legend

Original Provided: Original provided indicates whether an attachment is an original attachment that we need to return back to you at the completion of year end compliance work.

Copy Provided: Copy provided indicates whether an attachment is a copy attachment that we can shred at the completion of year end compliance work.

Comments: Comments indicated additional information you want to make the accountant aware in respect of that item.



Tax Return Reference	Section of the Income Tax Return	Original Provided	Copy Provided
1	PAYG Payment Summaries (Group Certificates)	<input type="checkbox"/>	<input type="checkbox"/>
2	Pension and Allowance Statements – Australian Government Payments	<input type="checkbox"/>	<input type="checkbox"/>
3	Other Salary Income	<input type="checkbox"/>	<input type="checkbox"/>
Comments			

Interest Received from Bank Accounts		Original Provided	Copy Provided
1	Bank Statements; or	<input type="checkbox"/>	<input type="checkbox"/>
2	Name of bank, building society or credit union including BSB and account numbers	<input type="checkbox"/>	<input type="checkbox"/>
3	Amount of Interest Received	<input type="checkbox"/>	<input type="checkbox"/>
4	Details of names in which the accounts are held i.e. joint accounts where it may be only 50% of the income is yours.	<input type="checkbox"/>	<input type="checkbox"/>
5	All statements provided for term deposits, commercial bills and other short/ long term investments held.	<input type="checkbox"/>	<input type="checkbox"/>
Comments			



Dividends & Distributions		Original Provided	Copy Provided
1	Dividend Statements	<input type="checkbox"/>	<input type="checkbox"/>
2	All year end and Annual Tax Statements as provided by trusts, managed funds and/ or partnerships for distribution received.	<input type="checkbox"/>	<input type="checkbox"/>
3	Any other supporting documentation as necessary	<input type="checkbox"/>	<input type="checkbox"/>
Comments			

Tax Return Reference	Section of the Income Tax Return	Original Provided	Copy Provided
1	Any employment termination payments	<input type="checkbox"/>	<input type="checkbox"/>
2	Discounts on shares or rights received under employee share scheme	<input type="checkbox"/>	<input type="checkbox"/>
3	Lump sum payments in arrears	<input type="checkbox"/>	<input type="checkbox"/>
4	Foreign exchange gains	<input type="checkbox"/>	<input type="checkbox"/>
5	Royalties	<input type="checkbox"/>	<input type="checkbox"/>
6	Scholarships, grants	<input type="checkbox"/>	<input type="checkbox"/>
7	Jury service	<input type="checkbox"/>	<input type="checkbox"/>
8	Any other income	<input type="checkbox"/>	<input type="checkbox"/>
Comments			



Foreign Income		Original Provided	Copy Provided
1	Foreign employment income	<input type="checkbox"/>	<input type="checkbox"/>
2	Foreign pension or annuity	<input type="checkbox"/>	<input type="checkbox"/>
3	Foreign rental income and expenses	<input type="checkbox"/>	<input type="checkbox"/>
4	Any foreign tax paid	<input type="checkbox"/>	<input type="checkbox"/>
Comments			

Capital Gains – New Investments & Investments Sold		Original Provided	Copy Provided
1	Sale of Shares	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Buy contract – date purchased, number of shares purchased, purchase cost 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Sell contract – date sold, number of shares sold, sale costs 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Any dividend reinvestment plan (DRP) statements 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Please provide SRN or HIN should you allow us to log in to your shares registry to view transactions occurring the financial year 	<input type="checkbox"/>	<input type="checkbox"/>
2	Sale of Real Estate	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Copy of Purchase contract and settlement statement 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Purchase costs – brokerage, legal fees, loan establishment fees etc 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Capital improvements undertaken after 1985 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Copy of Sale Contract and settlement statement 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Sale costs – brokerage, legal fees, loan repayment costs 	<input type="checkbox"/>	<input type="checkbox"/>
3	Sale of any other assets	<input type="checkbox"/>	<input type="checkbox"/>



Comments	
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Deductions – Work Related Expenses		Original Provided	Copy Provided
1	Professional memberships	<input type="checkbox"/>	<input type="checkbox"/>
2	Home office expense – specify number of hours worked from home	<input type="checkbox"/>	<input type="checkbox"/>
3	Portion of Gas & Electricity, Telephone Expenses etc – For home office	<input type="checkbox"/>	<input type="checkbox"/>
4	Portion of interest and rental payments if home is a place of business	<input type="checkbox"/>	<input type="checkbox"/>
5	Uniform, protective clothing, laundry and dry-cleaning expenses	<input type="checkbox"/>	<input type="checkbox"/>
6	Travel expenses (airfare, tolls, parking etc.)	<input type="checkbox"/>	<input type="checkbox"/>
7	Purchase of equipment and tools of trade	<input type="checkbox"/>	<input type="checkbox"/>
8	Date, cost and depreciation of work related assets purchased (e.g. laptop computer)	<input type="checkbox"/>	<input type="checkbox"/>
9	Motor vehicle expenses (summary of running costs: rego, insurance, fuel, repairs & maintenance/ business use percentage per logbook/ total business kilometres travelled)	<input type="checkbox"/>	<input type="checkbox"/>

Comments	
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Deductions – Self Education Expenses		Original Provided	Copy Provided
1	Details of course, where and when you attended	<input type="checkbox"/>	<input type="checkbox"/>
2	Details of how it relates to your job	<input type="checkbox"/>	<input type="checkbox"/>
3	Fees, books, travel expenses, equipment etc e.g. desk	<input type="checkbox"/>	<input type="checkbox"/>
Comments			

Note: Please include receipts for all expenses

Rental Properties		Original Provided	Copy Provided
1	Rental property address	<input type="checkbox"/>	<input type="checkbox"/>
2	Date rental property was purchased	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Date first rented	<input type="checkbox"/>	<input type="checkbox"/>
4	Name of owner(s) and % owned as per title	<input type="checkbox"/>	<input type="checkbox"/>
5	Receipts for income and expenses e.g.	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Annual Income and Expenditure Summary from Real Estate Agent	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Rates – water, council and body corporate	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Insurance	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Repairs	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Gardening	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Interest on loans	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Construction costs	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Any other costs you may have incurred	<input type="checkbox"/>	<input type="checkbox"/>



Comments	
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Private Health Cover		Original Provided	Copy Provided
1	Private health insurance annual statement	<input type="checkbox"/>	<input type="checkbox"/>
2	Out of Pocket Medical Expenses relating to disability audits, attendant care or age care expenses	<input type="checkbox"/>	<input type="checkbox"/>

Comments	
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Other Deductions		Original Provided	Copy Provided
1	Interest and Dividend deductions (e.g. interest on margin lending)	<input type="checkbox"/>	<input type="checkbox"/>
2	Donations	<input type="checkbox"/>	<input type="checkbox"/>
3	Cost of managing tax affairs	<input type="checkbox"/>	<input type="checkbox"/>
4	Insurance policies showing premium amount and types of policy e.g. income protection, trauma/ crisis, life insurance	<input type="checkbox"/>	<input type="checkbox"/>
5	Work/ business related legal fees	<input type="checkbox"/>	<input type="checkbox"/>
6	Superannuation Statements (contributions for both yourself and your spouse)	<input type="checkbox"/>	<input type="checkbox"/>



Comments	
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Additional information you believe may be relevant

Client Declaration

I confirm that the above is a true and complete record of all transactions for the year

Name Signature Date / /