

conaghtys TOTAL accounting



tax return checklist

Your name(s)

For the tax year

INCOME

Did you have any income from employment?

- Yes if yes, how many PAYG Summaries (Please attach)
 No
 Don't know
 n/a

Did you receive income from self employment?

- Yes if yes, please complete BUSINESS checklist
 No
 Don't know
 n/a

Did you receive any government benefit or pension?

- Yes if yes, please attach summaries
 No
 Don't know
 n/a

Did you receive any income from interest, dividends, or managed funds?

- Yes
 No
 Don't know
 n/a

If yes, please provide details

Do you own any rental properties?

- Yes if yes, please complete RENTAL PROPERTY checklist
 No
 Don't know
 n/a

Did you receive any income from overseas?

- Yes
 No
 Don't know
 n/a

If yes, please provide details

Did you sell or dispose of any assets (eg shares or property)?

- Yes
 No
 Don't know
 n/a

If yes, please provide details

Did you earn any other income?

- Yes
 No
 Don't know
 n/a

If yes, please provide details

EXPENSES

Did you use your car for work or business?

- Yes if yes, please complete MOTOR VEHICLE checklist
 No
 Don't know
 n/a

Did you have work related expenses?

- Yes if yes, please complete WORK EXPENSES checklist
 No
 Don't know
 n/a

OTHER EXPENSES (IF yes, please provide details)

Did you pay interest on a loan used to buy an investment?

- Yes
 No
 Don't know
 n/a

Did you make any gifts or donations?

- Yes
 No
 Don't know
 n/a

Did you make any super contributions for yourself or your spouse?

- Yes
 No
 Don't know
 n/a

Do you pay income protection insurance?

- Yes
 No
 Don't know
 n/a

Please provide details

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TAX OFFSETS

Did you change your Private Health Insurance Fund?

- Yes
- No
- Don't know
- n/a

Did you get married or divorced during the year?

- Yes
- No
- Don't know
- n/a

Have your dependants changed since last year?

- Yes
- No
- Don't know
- n/a

Did you spend time in a remote location?

- Yes
- No
- Don't know
- n/a

Did you &/or your family have more than \$2,000 of medical expenses? (net of rebates)

- Yes
- No
- Don't know
- n/a

Education Tax Offset is able to be claimed if you are eligible for part A family tax benefit

If yes, please provide Student Name(s) & date of birth(s) (indicate primary (p) or secondary (s) & expense details

- Yes
- No
- Don't know
- n/a

Please provide details

Please attach details of any other income or expenses