

Your Tax Return Checklist

Income

Please keep in mind that the Australian Taxation Office has the ability to check your income against independent sources. In particular, this applies to PAYG Payment Summary income, interest received and dividends.

Deductions

Please keep in mind that self-assessment applies. In the event of a Tax Office audit you will need to be able to substantiate the deductions claimed.

Assets Sold

If you have sold any assets during the year please provide full details so we can determine whether Capital Gains Tax may apply to the transaction.

You can complete this checklist on your computer or on a paper form:

On your computer

1. **Save** this checklist to your computer (choose Save As). **Open Adobe Reader**, open the saved checklist and complete.
2. **Scan** your supporting documents, save as PDFs on your computer, and attach them to your email with your checklist.
3. **Open** your email program, attach completed checklist and supporting documents, and send to hd@halesdouglass.com.au

Paper form

1. **Complete** as a paper form, sign and date.
2. **Gather** your supporting documents and attach.
3. **Return all** via post to PO Box 385 Ulladulla NSW 2539, or to our offices at 41 Deering Street, Ulladulla or L1, 30c Orient St, Batemans Bay.

Questions? Please contact us on (02) 4455 5333 with any queries or concerns.

I hereby instruct you to prepare my Taxation Return for the financial year ended 30 June 2025.

I undertake to supply all information necessary to carry out such services, and will be responsible for the accuracy and completeness of such information.

I agree that the minimum fee for this assignment is \$297. Additional charges may apply to schedules for capital gains, rental properties, business and other items.

You are hereby authorised to communicate with my bankers, solicitor, finance companies and all government agencies such as the ATO to obtain such information as you require to carry out the above assignment.

Name: _____

Signature: _____

Date: _____

Your completed tax return will be emailed to you unless you notify us of your preference to receive a paper copy.

Client Details

No change from previous year

☐

Full Name:

Home Address:

Postal Address: (If different from

above) Email Address:

Telephone:

Home Business

Fax Mobile

Your Occupation:

Your Date of Birth:

Would you like your fee deducted from your refund?

☐

Yes

☐

No

Please confirm your bank details

Bank and Branch:

Account Name:

BSB Number:

Account Number:

Electronic funds transfer of your tax refund will be available if you pay your account in full prior to lodgement of your tax return.

Yes

No

For New Clients, Is a copy of previous tax return attached?

☐☐

Do you have a Government HECS/HELP debt or Student Start-Up loan?

☐☐

Have you paid any PAYG instalments.

☐☐

Spouse Details

Did you have a Spouse for the full financial year?

☐

Yes

☐

No

If not for the full year please advise dates from / / to / /

Spouse Name:

Spouse Date of Birth:

Spouse Tax File Number:

Spouse Net Taxable Income:

Income

Did you receive any of the following:
(If so please attach supporting documentation).

Yes

No

Copy Attached

PAYG Summary?

☐☐☐

Allowances, Benefits or other earnings not on your PAYG summary?

☐☐☐

Have you expended the above allowances in full?

☐☐☐

Termination Payment?

☐☐☐

Centrelink Allowance? (Newstart, etc)

☐☐☐

Government Pension or Allowances?

☐☐☐

Any other Pension?

☐☐☐

Interest Received? ☐ Yes ☐ No

Bank	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____

Dividends from Share Holdings? ☐ Yes ☐ No

Company Name	Dividend	Franking Credit
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Did you receive income from a Partnership? ☐ Yes ☐ No \$ _____

Name of Partnership _____

Did you make Personal Superannuation Contributions? ☐ Yes ☐ No \$ _____

If so have you advised your Super fund in writing that you will be claiming a tax deduction against these payments. ☐ Yes ☐ No

Did you write to your fund to advise the amount you intend to claim as a deduction? ☐ Yes ☐ No

Can you confirm that the fund has provided you with an acknowledgement of your intent to claim a deduction? Please attach. ☐ Yes ☐ No

Trust Income (including Managed Funds)? ☐ Yes ☐ No \$ _____

Name of Trust / Managed Funds: _____

Capital Gains (Sale of Share, property etc)? ☐ Yes ☐ No \$ _____

Foreign Income (If yes, please contact your Client Manager for an alternative questionnaire)? ☐ Yes ☐ No \$ _____

Do you have a rental property? ☐ Yes ☐ No

Address: _____

Is this a new property? ☐ Yes ☐ No

If yes when was the settlement date _____

Do you have a Depreciation & Capital Works write off schedule? ☐ Yes ☐ No

Rent Received: \$ _____ *Provide annual statement from Real Estate Agent*

Other Income: \$ _____

Advertising: \$ _____

Bank Charges: \$ _____

Body Corporate / Strata Levies: \$ _____

Borrowing Costs: \$ _____

Cleaning: \$ _____

Council Rates: \$ _____

Water Rates: \$ _____

Insurance: \$ _____

Land Tax: \$ _____

Loan Interest: \$ _____

Management Fees: \$ _____

Repairs & Maintenance: \$ _____

Travel Expenses: \$ _____

Gardening Expenses: \$ _____

Other Expenses: (Please advise) \$ _____

Deductions

	Yes	No	Amount
Work Related Travel Expenses: (Taxis, buses, airfares, Accommodation, tolls, parking)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Provide Details: _____

Work Related Uniform & Clothing:	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
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Provide Details: _____

Laundry/Dry Cleaning:	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
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Interest & Dividend Deductions:	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
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Work Related Car Expenses:

Car Make: _____ Car Model: _____ Business Kilometres travelled: _____

Note: Business kilometres are kilometres travelled in relation to earning income but (exclude travel between home and work even if the trip is made more than once a day).

Did you keep a log book? ☐ Yes ☐ No

Registration Number: _____

Business Use: _____ %

Fuel/Oil: \$ _____

Insurance: \$ _____

Registration: \$ _____

Repairs & Maintenance: \$ _____

Interest on finance: \$ _____

or

Lease Payments: \$ _____

Tax Agents Fees (New Clients Only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
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Work Related Self Education	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
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(Course Fees, text books, union fees, travel etc)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Other Work Related Expenses?

Subscriptions: \$ _____
Conferences & Seminars: \$ _____
Journals: \$ _____
Rent: _____ % \$ _____
Internet: _____ % \$ _____
Computer: _____ % \$ _____
Stationery: \$ _____
Telephone: \$ _____
Mobile Phone: \$ _____
Union Fees: \$ _____
Sun Protection: \$ _____
Tools (Provide details): \$ _____
Donations to charities: \$ _____

Date Purchased _____

Do you wish to claim home office expenses for income Producing activities?

☐

Yes

☐

No

If yes how many hours do you spend in your office per week for work related purposes? Note that a diary of usage should be kept for a minimum of 4 weeks each year for substantiation requirements.

No of Hours per week

No of Weeks per year.

Do you have Income Protection/Sickness & Accident Insurance?

☐

Yes

☐

No

\$ _____

Did you have Private Hospital Cover for the Full Financial Year?

☐

Yes

☐

No

\$

(If only for part year please advise dates) From _____ / _____ / _____ to _____ / _____ / _____

Health Fund Name: _____ *Provide Health Fund Statement*

Membership Number: _____

No. of dependent Children: _____

Age of dependent Children: _____

Business Income

Business Income?

☐

Yes

☐

No

\$ _____

(If yes, please contact your Client Manager for an alternative questionnaire)

Other Income

Other Income? (Please provide supporting documentation)

☐

Yes

☐

No

\$ _____

Would you like advice on any of the following?

Yes

No

Setting up a Business?

☐☐

Loans: Business, investment, equipment?

☐☐

Self-Managed Super Funds?

☐☐

Financial Planning:

☐☐

Insurance: Life/Trauma/Income Protection

☐☐

Finance: Leasing / Mortgage

☐☐

Other: Please Specify _____

Notes and Further Information:

Please ensure you supply all relevant documentation with this questionnaire.

1. Save this checklist to your computer (choose Save As). Open Adobe Reader, open the saved checklist and complete.
2. Scan your supporting documents, save as PDFs on your computer.
3. Open your email program, attach completed checklist and supporting documents, and send to hd@haledouglass.com.au
4. Thankyou.