

OUR PHILOSOPHY: Grow our client's business first. It is only through our client's success that we succeed.

BANYAN CONSULTING

CHECKLIST

2016 INDIVIDUAL TAX RETURN CHECKLIST

A CLIENT DETAILS ONLY COMPLETE SECTION A IF YOUR DETAILS HAVE CHANGED OR IF YOU ARE A NEW CLIENT

1. Tax File Number: _____ ABN: _____
2. Name: _____ Mr/Mrs/Ms/Miss: _____
3. Residential Address: _____
Postal Address: _____
4. Contact Points: Tel: (H) _____ Tel: (W) _____ (Mob) _____
Email: _____
5. Date of Birth: _____ Place of Birth: _____
6. Occupation: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS AND WHERE REPLY IS "YES", SUPPLY SUPPORTING INFORMATION WE REQUIRE SCANNED COPIES OF YOUR ORIGINAL TAX DOCUMENTS SENT TO US VIA EMAIL. CLIENTS WITH SECURE ACCESS TO OUR WEBSITE CAN UPLOAD THESE TO THEIR CLIENT AREA. ASK FOR A LOG-IN OR VISIT OUR WEBSITE

B INCOME

7. Did you receive income from:

ATTACH PAYMENT SUMMARIES	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

 - (a) salary/wages, earnings, tips, director's fees and other allowances (e.g. bonuses and tips)
 - (b) any Superannuation pension, annuity or Government benefits/allowances
 - (c) interest and withholding taxes
 - (d) dividends (including re-invested dividends)
 - (e) Trust Distributions or Managed Funds (e.g. unit, cash management, deceased estate, partnership etc.)
8. Did you receive any lump sum payments (e.g. an ETP) from the termination of your employment. YES NO
9. For Capital Gains Tax purposes, did you sell, dispose of, or sign any contracts during the year for sale of any assets (e.g. shares, land, house, etc) in Australia and/or overseas? YES NO
10. Did you receive any overseas income (e.g. foreign employment, Pensions, annuities, interest, rent, dividends, etc.) YES NO
11. Did you receive any other form of income (e.g. royalties, consulting fees, **employee shares schemes**)? YES NO
12. Did you receive any income or incur any expenses from your own a business? YES NO
13. Did you receive Forestry Managed Investment scheme income? YES NO

C DEDUCTIONS

14. Did you incur any work related expenses which you have documentation for:
 - (a) work related vehicle expenses (Note: Log books must be under 5 years old)
*Summarise vehicle expenses, car purchase details and log book business % applicable and note total business kilometres travelled YES NO
 - (b) work related travel expenses
*Summarise the purpose and length of time of the travel. For overseas travel, please provide a travel diary and evidence of expenses YES NO
 - (c) work related uniform expenses, laundry and dry cleaning? YES NO
 - (d) Self education expenses relating to your work? YES NO
 - (e) Any other work related expenses:
 - (i) income protection insurance YES NO
 - (ii) home office, telephone, electricity, internet, furniture YES NO
 - (iii) subscriptions, magazines, association or union fees YES NO
 - (f) Tax Management expenses for tax return preparation or advice YES NO

2016 INDIVIDUAL TAX RETURN CHECKLIST continued

15. Do you own a Rental Property? YES NO
If YES, please provide details of the following items:
- | | |
|---|---------------------------------------|
| (a) Rent received | (b) Agents fees/Commission |
| (c) Council and water rates | (d) Capital Improvements |
| (e) Repairs & maintenance (dates and details required) | (f) Strata levies (an Special Levies) |
| (g) Interest on Loan | (h) Building Depreciation Reports |
| (i) National Rental Affordable scheme certificate, if available | |
- If newly acquired or sold, provide settlement details, plus exchange dates of purchase and sale. Confirm how many weeks in the year that the property was available for rent. If you have a Quantity Surveyor's Depreciation report, please provide us with a copy. If you have a yearly rental statement showing a breakdown of income and expenses, please provide this as well.**
16. Have you made any donations to eligible organisations or charities? YES NO
17. Interest and dividend deductions YES NO
18. Do you have any other expenses that might be deductible (e.g. Agriculture/Horticulture Investments)? YES NO

D TAX OFFSETS/REBATES

19. (a) Do you have a dependent child? YES NO
(for this question a dependent child is your child who is: under 21 years old; or 21–24 years old and a full time student)
- (b) Other rebates e.g. zone, invalid relatives, spouse superannuation contribution YES NO
20. (a) Did you receive Net Medical Expenses Tax Offset in 2014/15 Income Tax year? YES NO
- (b) Did any medical expenses paid by you relate to disability aids, attendant or aged care? YES NO
- If you answer "NO" for questions (a) and (b), you are not eligible to claim Net Medical Expenses Tax Offset.
- If you answer "YES" for both (a) and (b):
- (c) Did your "adjusted taxable income" exceed \$90,000 as a single or \$180,000 as a couple? If so, did your net medical expenses for the financial year exceed \$5,343? YES NO
- (d) If your "adjusted taxable income" was less than the above threshold, did your medical expenses for the financial year exceed \$2,265 after any refunds from Medicare and your private health insurance fund? YES NO
- Provide an Annual Tax Summary from Medicare and your Health Fund** plus any other costs (e.g. Pharmacy expenses) YES NO
21. Did you or your dependents have appropriate Private Health Insurance Cover for the whole year? YES NO
(Please provide Private Hospital Insurance Statement)
22. Are you entitled to claim a Medicare exemption (e.g. Defence Forces)? YES NO
23. Did your residency for income tax purposes change during the year? YES NO
24. Do you have a HECS, HELP or SFSS debt? YES NO
25. Family Tax Benefit Claims have been processed by Department of Human Services. Please contact them on **13 61 50**
26. Did you make a personal Superannuation Contributions during the year? YES NO

E DEPOSIT DIRECTLY INTO YOUR BANK ACCOUNT

From 1 July 2013, the Tax Office require that tax refunds be deposited into a bank account. Please provide us with your Account Number, Account Name and BSB.

Your BSB: _____ Account Number: _____ Account Name: _____

28. Would you like to use our Trust Account for your refund? YES NO
Note: A processing fee of \$33.00 applies for this service.
29. Would you like Banyan Consulting to be the mailing address for your Notice of Assessment? YES NO
Note: An extra fee of \$27.50 applies for this service.

Payment Terms: (Please refer to our Terms and Conditions for more details concerning our Services Agreement)
If you choose **not** to prepay your Tax Preparation Fees, we require **both** a Trust Account Authority Form and your Credit Card details **prior to the commencement of your Tax Return.**

F TAXPAYER'S DECLARATION

I declare that all the information I have given is true and correct and that I have the necessary receipts and records to support each of the above amounts claimed.

I have read and understood the terms and conditions in this document and attachments.

TAXPAYER'S SIGNATURE: _____

DATE: _____



CAN WE HELP YOU?

If you have any feedback on any of our services or if there is any way we can assist you further, please contact us at reception@banyanconsulting.com.au or call **02 9283 9888** to book an appointment.

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CHECKLIST

TAX TIPS

Some commonly forgotten Tax Deductions



This is a PDF form and should be opened in with Acrobat Reader. If you do have problems with this form alternative versions are available on our website.

- | | | | |
|---|---|------------------------------|-----------------------------|
| A | Depreciation (Quantity Surveyor Reports) for income producing buildings | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| B | Depreciation of fixtures and fittings for rental properties | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| C | Income Protection insurance | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| D | Business Travel Diary | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| E | Parking Fees and Tolls | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| F | Borrowing costs for Loans on Rental properties or Margin/Investment Loans | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| G | Travel between work and study places | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| H | Travel to investment seminars for investors | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| I | Internet usage for work related activities | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

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