



ABN 93 004 005 136

McGrath & Associates

QUALITY ACCOUNTANTS

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TAX RETURN CHECKLIST 2010/2011

This Sheet may assist you with the records you may need to bring into our office.

GENERAL DETAILS

Client Name:

Address:

Tax File Number: DOB PH No

Spouse/DeFacto: DOB Tax File No

Main Occupation:

EMAIL ADDRESS:

Please circle **YES** or **NO** for each of the items listed below, and **sign and date** the back page:
If you have circled **YES**, please provide **relevant documentation**:

INCOME DETAILS

Salary or Wages (Group Certificate) NO/YES

Allowances, earnings, tips, director fees NO/YES

Lump Sum or Eligible Termination P'mts NO/YES

Centrelink Allowances ie Newstart, Youth Allow NO/YES

Centrelink Pensions ie aged pension NO/YES

Other Aust Pensions NO/YES

Personal Services Income NO/YES

Interest Income NO/YES

Dividends (if yes, pls provide statements) NO/YES

Income from Partnership or Trust NO/YES

Net Income or Loss from Business NO/YES

Capital Gains Income NO/YES

Rental Property Income (pls see worksheet over page) ... NO/YES

Other Income (please specify) NO/YES

.....

OTHER WORK RELATED DEDUCTIONS

Other Expenses

- Home Office Expenses YES/NO

- Computer and Software Expenses YES/NO

- Telephone/Mobile Expenses YES/NO

- Tools and equipment YES/NO

- Subscriptions and Union Fees YES/NO

- Journals/Periodicals YES/NO

- Depreciation YES/NO

- Expenses in relation to Allowances YES/NO

- Other work deductions YES/NO

OTHER DEDUCTIONS

Interest & Dividend Deductions YES/NO

Gifts or Donations YES/NO

Undeducted Purchase Price of Annuity (UPP) YES/NO

Cost of Managing Tax Affairs YES/NO

Superannuation Contributions YES/NO

WORK RELATED DEDUCTIONS

Work-Related Car Expenses

- Cents per Kilometre Method (Max 5,000km) NO/YES

- Log Book Method NO/YES

- Other Method (1/3 or 12 % Method) NO/YES

Other work-related travel Expenses

- Employee domestic travel – reasonable allow NO/YES

- Employee claiming actual exp's (receipts required) NO/YES

Work-Related Uniform and Clothing Expenses

- Protective/Replacement Clothing NO/YES

- Non Compulsory/Compulsory Uniform NO/YES

- Laundry (up to \$150 without receipts) NO/YES

- Other Claims – Mending etc NO/YES

- Sunscreen/glasses & Hats (must have receipts) NO/YES

Self Education Expenses

- Course or Seminar Fees NO/YES

- Student Union Fees NO/YES

- Travel Costs NO/YES

- Other (please specify) NO/YES

OTHER DETAILS

Private Health Insurance YES/NO

If, yes please provide policy no.

Spouse Taxable Income

Dependant Children:

Name DOB..... Student YES/NO

Name DOB..... Student YES/NO

Name DOB..... Student YES/NO

Name DOB..... Student YES/NO

REBATES/TAX OFFSETS

Do you have a dependent spouse? YES/NO

Are you a Senior Australian (over 65)?..... YES/NO

Are you a Pensioner? YES/NO

Did you live in a remote zone in 2010? YES/NO

Superannuation pension/ETP annuity YES/NO

30% Private Health Rebate YES/NO

Did you have net Medical Expenses over \$1,500..... YES/NO

Did you make Super Contributions for Spouse YES/NO

Education Rebate..... YES/NO

McGrath & Associates – Quality Accountants

RENTAL PROPERTY DETAILS

Address of Property :

Ownership of Property:

Purchase Date of Property: ____/____/____

Purchase Price of Property (including Legal Fees/Stamp Duty etc): \$.....

Date started being used for Rental Income: ____/____/____

Number of weeks this year rented? weeks

Was there any private use of the property?

If you have summary rental statements from a Real Estate Agent, please provide statements, and use the spaces below for any additional income or expenses.

INCOME

(Please provide evidence of rents received eg rental commission statements or bank statements)

Rents Received

Other Income

EXPENSES

(Not all expenses listed below will be applicable. Please provide details on applicable expenses only. Receipts and/or documentation must be kept)

Bank Charges	Interest on Loans
Advertising	Cleaning
Garden	Insurance
Agent Fees	Pest Control
Postage	Printing/Stationery
Rates & Water	Repairs & Maint
Furniture & Fittings	Travel Exps
Body Corp Fees	Other Rental Expenses
Additional Information	

OTHER INFORMATION

If you **SOLD** the property throughout **2010/2011** please provide **sale of property documents**.

DATE SOLD ____/____/____ **PRICE SOLD \$** _____

If you purchased the property throughout 2010/2011 please provide a list & cost of all internal fixtures and fittings as listed below:

Oven	Stove	Microwave	Clothes Dryer
Fans	Light Fittings	Hot Water System	Air Conditioning
Carpet	Curtains/Blinds	Washing Machine	Lounge/Tables/Beds etc

I confirm that the details that I have provided to McGrath & Associates – Quality Accountants are true and correct.

Date/...../.....

.....
Signature of taxpayer

.....
Name (PRINT)