



Chartered Accountants



Tel: 02 9411 1134; email:janetc@cantoraccounting.com.au
Suite 202, No 8 Thomas St CHATSWOOD NSW 2067

TAXATION RETURN CHECKLIST

YEAR:

**FOR COMPLETION AND RETURN TO
CANTOR CARNEVALE & Co WITH SUPPORTING DOCUMENTATION**

.....
SURNAME GIVEN NAME DATE:

ABN_----- TFN_-----

DATE OF BIRTH / / OCCUPATION

If a Minor ensure that Item A1 is completed

CURRENT POSTAL ADDRESS

EMAIL ADDRESSMOBILE PHONE NO.

HAVE ADDRESS CHANGED? YES/NO EFT – ARE BANK DETAILS CORRECT? YES/NO

BSB:..... Act No:..... Act Name:.....

HAVE YOU ARRIVED IN AUSTRALIA IN THE PAST 12 MONTHS? YES/NO

RESIDENT OF AUSTRALIA FOR TAX PURPOSED? YES/NO TEMPORARITY RESIDENT? YES/NO

SPOUSE? YES/NO If YES, MUST complete the spouse details in the Tax Software.

YEAR OF LAST TAX RETURN LODGED _____

INCOME INFORMATION

ITEM

- | | | |
|---|--------|-----------------|
| 1 PAYG Payment Summaries? Group Certificates | Yes/No | Number of..... |
| 2 Allowances, Casual Jobs, Jury Duty, Cash Income | Yes/No | Number of |
| 3 Employer Lump Sums | Yes/No | |
| 4 Employment Termination Payments ETP's | Yes/No | Number of |
| Did you receive any payments from Superannuation or Deposit Fund? | Yes/No | |
| 5 Government Paid Taxable Benefits/allowances | Yes/No | Number of |
| 6 Government Paid Pensions, etc | Yes/No | Number of |
| 7 Australian Annuities and Pensions | Yes/No | Number of |
| 8 Australian Superannuation Lump Sum Payments | Yes/No | Number of |
| 9 Attributed Personal Services Income | Yes/No | Number of |
| Complete PAYG Schedule | Yes/No | Number of |
| 10 Reportable Fringe Benefits | Yes/No | Number of |

For what is the benefit received? Car, Health Insurance, Schools fees, Other (circle applicable one)

| 11 INTEREST – Account Name | Account No. | Full Year Yes/No | Joint Acc's Yes/No | TFN Paid Yes/No |
|-------------------------------|-------------|---------------------|-----------------------|--------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

12 DIVIDENDS - Do you have dividend reinvestment? Yes/No Number of Yes/No

13 INCOME FROM PARTNERSHIPS, TRUST, ESTATES

Man. Inv. (property, shares etc) Yes/No Number of
Partnership: Name TFN/...../.....

14 Personal Services Income MUST COMPLETE P1

PAYG Schedule Yes/No
ATO Determination Yes/No

15 Business Income/Primary Production Yes/No GST Registered Yes/No
MUST COMPLETE P1 IF ITEM 14G, 14H OR 14J ARE COMPLETED

16 Deferred Non-Commercial Business Losses Yes/No

P1 Personal Income Schedule Yes/No

P9 Business Loss Activity Details Yes/No

P10 13-month pre-paid expenses Yes/No

17 Farm Management Deposit or withdrawals Scheme Apply? Yes/No

18 Capital Gains – Have you sold any assets in Australia or Overseas? Yes/No
C/F Loss\$.....Year...

19 Foreign Entities

20 Foreign Income (incl. Foreign Pensions) Yes/No Foreign Tax Credit Yes/No
Do Prior Year Quarantined Losses Exist? Yes/No

21 Rental Income – Jointly owned? Yes/No Number of

Percentage owned by this client _____
Have you refinanced your Loan this year? Yes/No
Is 100% of the loan for this property Yes/No If NO, what Percentage _____

22 Life Assurance - Yes/No Bonus Amount
Friendly Society Bonuses Yes/No Cashed \$.....Year Held

23 Forest Managed Investment schemes Income Yes/No

24 Other Income

Employee Share Plan Yes/No Insurance Payout Yes/No
Income from Sickness/Income Protection Yes/No
Other.....

25 Employee Share Schemes Yes/No

Details provided Yes /No

OTHER ITEMS

A1 Under 18 excepted net income Yes/No

A2 Pro Rata Tax Free Threshold
Did you cease/become a resident during the year? Yes/No Date

A3 Amount on which family trust distribution tax has been paid Amount \$.....

A4 Amount on which ultimate beneficiary non disclosure tax was payable Amount \$.....

PAYG INSTALMENTS- If the client pays instalments during the year ensure it is entered into the software program

FAMILY TAX BENEFIT

Entitled to FTB? Yes/No

Spouse's Income (Use worksheet) \$..... Family ATI \$.....

Claiming through FAO Yes/No

Ensure excessive FTB are NOT being claimed. These will have to be returned to ATO once relevant Tax Returns are lodged.

HELP-HECS/FSSC DEBT

Statement sighted Yes/No

Has Semester 1 Been included? Yes/No Amount \$.....

Financial Supplement Scheme Debt Yes/No Amount \$.....

SUPERANNUATION CO-CONTRIBUTION YES/NO \$.....add to tax calculation in software

| THIS SECTION SHOULD BE COMPLETED AND INCLUDE ANY FOLLOW UP ISSUES REQUIRED BY US | | |
|---|--|-----------------|
| Action date | Information required to complete Tax Return | Initials |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Client Follow Up Issues | |

ITEM

DEDUCTIONS

D1 Motor Vehicles used for work? Yes/No Is Car Salary Sacrificed? Yes/No

Reason for use

Log Book Sighted Yes/No Year of Log Book Lease Yes/No Hire Purchase Yes/No

Km set rate Yes/No cc. of Vehicle

D2 Work related travel expenses

D3 Work Clothing Uniforms Yes/No Protective clothing Yes/No

Laundry Yes/No Sun Protection Yes/No

D4 Self Education (use statement) (Less \$250, where applicable) Yes/No

What is the occupation to which the Nexus of these expenses apply

D5 Other Work Expenses Sighted/Verbal Receipts kept? Yes/No

Trade Union/Professional Associations Yes/No

Tools Yes/No

Telephone Yes/No

Stationery/Journals Yes/No

Depreciation Yes/No

Home Office Yes/No

Seminars Yes/No

Overtime Meals – only claimable if allowance is showing on PAYG Yes/No

Other

D6 Low Value Pool Deductions Yes/No

D7 Investment Related Deductions Yes/No

D8 Gifts and/or School Building funds/Political Parties Yes/No

D9 Tax Agent Yes/No

Travel to Tax Agent Yes/No

Interest paid to ATO –AVAILABLE FROM Tax Agents Portal Yes/No

D10 Australian Film Incentives Yes/No

D11 UPP of Foreign Annuity/Pension Yes/No

D12 Personal Superannuation contributions Yes/No

Are you Self Employed? Yes/No

Does PAYG income exceed 10% of Assessable Income Yes/No

D13 Deduction for Project Pool Yes/No
D14 Forestry managed investment scheme deduction Yes/No

D15 Other Deductions –
 Sickness and Accident or Income Protection Insurance Yes/No
 Notes:.....

L1 Losses from prior years Yes/No Amount \$.....
 Exempt Income \$(Losses should be reduced by exempt income)

REBATES/OFFSETS

Dependants
T1 Spouse without child rebate. Did you have a spouse for the full year? Yes/No
 If No, from .../.../..... to .../.../.....
 SNI \$.....Must use SNI worksheet
 Housekeeper/Child Housekeeper Rebate Yes/No
T2 Senior Australian Tax Offset Yes/No Spouse T1
T3 Pensioner Yes/No
T4 Australian Superannuation Income Stream Yes/No
T5 Private health insurance cover Combined/Hospital/Ancillary
 Discount received? Yes/No Rebate applies Yes/No
T7 Superannuation contributions on behalf of your spouse Yes/No
T8 Zone Rebate Yes/No Sole Parent Rebate Apply Yes/No
T9 Medical Expense Rebate (Threshold\$1500) Yes/No
T10 Parent, parent-in-law and invalid relative Yes/No
T11 Land care & water facility rebate Yes/No
T12 Mature Age Workers Tax Offset – Net Income from Earning Yes/No
T13 Entrepreneurs Tax Offset - Yes/No SBE Taxpayer Yes/No
 SBE turnover must be less than \$75,000. If not SBE NO Claim
T14 Other Tax Offsets
 Income in Arrears Yes/No
 Voluntary PAYG Payments Yes/No
C1 Early Payment Interest/Credit Yes/No

MEDICARE LEVY

M! Number of children
 Reduction Yes/No
 Exemption Full/Half -Prescribed persons Full/Half

M2 Surcharge – spouse details are provided Yes/No
 Family Income \$..... Rebate Amount \$.....

