



2024 PERSONAL INCOME TAX RETURN CHECKLIST

TAXPAYER DETAILS			
TAXPAYER:		SPOUSE:	
Title		Title	
Last Name		Last Name	
First Name		First Name	
Other Name/s		Other Name/s	
Phone number		Phone number	
E-mail Address		E-mail Address	
Occupation		Occupation	
Residential Address			
Postal Address			

The ATO now direct debit all tax refunds via EFT. If your bank details have changed, please complete below.

TAXPAYER:		SPOUSE:	
BSB Number (6 digits)		BSB Number (6 digits)	
Account Number		Account Number	
Account Name		Account Name	

Please note this form is provided as a guide only and is not exhaustive. Please tick the relevant sections that apply to you and **attach all relevant supporting documents to the back of this checklist.**

INCOME

SALARY & WAGES	Taxpayer	Spouse
Are your 2024 Income Statements 'Tax Ready'? <i>Please login to your mygov account and confirm your employer has marked income statements as 'Tax Ready'</i>	Yes No	Yes No
INTEREST INCOME		
Have you received any interest on bank accounts or other investments? <i>If yes, please provide the interest summary showing the total interest earned during the financial year.</i>	Yes No	Yes No
DIVIDEND INCOME		
Do you own any shares? <i>If yes, please provide the dividend statements for the year or details of total dividends received from each company</i>	Yes No	Yes No
PARTNERSHIP/TRUST INCOME		
Did you receive any distributions from Trusts or Partnerships? <i>If yes, please provide the appropriate tax statements. This includes investments held in managed funds, ETFs etc.</i>	Yes No	Yes No
RENTAL INCOME		
Do you own a rental property? <i>If yes, please contact us to request the rental property worksheet or download one from our website under Tax Checklists.</i>	Yes No	Yes No
SALE OF ASSETS		
Did you sell any assets during the year that may give rise to Capital Gains Tax? (e.g. shares or an investment property.) <i>If yes, please provide relevant purchase & sale documentation.</i>	Yes No	Yes No
EMPLOYEE SHARE SCHEMES		
Are you involved in any employee share schemes? <i>If yes, please provide all relevant documents.</i>	Yes No	Yes No
OVERSEAS ASSETS		
Did you own or have an interest in assets located outside Australia that had a total value of AUD\$50,000 or more at any time during the year?	Yes No	Yes No

DEDUCTIONS

MOTOR VEHICLE	Taxpayer	Spouse
Are you required by your employer to use your car for work? <i>If yes, please contact us to request the Motor Vehicle Worksheet or download one from our website under Tax Checklists.</i>	Yes No	Yes No
TRAVEL		
Did you incur any work-related travel expenses? <i>If yes, please provide details of expenses incurred (e.g. accommodation, flights, meals etc.)</i>	Yes No	Yes No
CLOTHING		
Are you required to wear work-specific clothing (e.g. protective clothing, uniforms etc.) <i>If yes, please provide details of expenses incurred</i>	Yes No	Yes No

SELF EDUCATION	Taxpayer	Spouse
<p>Did you complete any courses which were directly related to your work? <i>If yes, please provide details on the type of course and expenses that were incurred.</i></p>	Yes No	Yes No
HOME OFFICE		
<p>Did your employer require you to perform any work from home? <i>If yes, please estimate how many hours a week you worked at home for the following period</i> - 1 July 2023 to 30 June 2024 You will need to have a record of the total number of hours you work from home</p>	Yes No	Yes No
OTHER WORK-RELATED EXPENSES		
<p>Did you have any other work-related expenses? <i>If yes, please provide details for any other work-related expenses you were out of pocket for (e.g. stationery, subscriptions, etc.)</i></p>	Yes No	Yes No
SUPERANNUATION		
<p>Do you make voluntary contributions to a Superannuation Fund (not including amounts contributed by your employer)? <i>If yes, please provide a confirmation from your superannuation fund</i></p>	Yes No	Yes No
LOANS		
<p>Do you have any loans in relation to income earning investments? <i>If yes, please provide the relevant loan statements/documentation</i></p>	Yes No	Yes No
DONATIONS		
<p>Did you make any donations of \$2.00 or more to registered charities? <i>If yes, please provide a list of these donations.</i></p>	Yes No	Yes No
ACCOUNTANCY FEES		
<p>Did you incur accounting costs? <i>If yes, and these costs were not from us, please provide the relevant invoices</i></p>	Yes No	Yes No
INCOME PROTECTION		
<p>Did you have an income protection policy? <i>If yes, please provide the annual statement from your insurance provider advising the tax-deductible premiums paid</i></p>	Yes No	Yes No
FINANCIAL PLANNER		
<p>Did you incur financial planner costs? <i>If yes, please provide the relevant invoices issued during the financial year.</i></p>	Yes No	Yes No
SPOUSE SUPERANNUATION CONTRIBUTIONS		
<p>Did you make any contributions to your spouse's superannuation fund? <i>If yes, please provide correspondence from the superfund confirming the spouse contribution</i></p>	Yes No	Yes No
DEPENDENT CHILDREN		
<p>If you had dependent children as at 30 June, please provide their names and dates of birth: <i>A dependent child is your child who is under 21 years of age, or 21 to 24 years old and a full-time student at a school, college or university</i></p>		