## 2024 Individual Income Tax Return Checklist

NAME										
HOME ADDRESS										
POSTAL ADDRESS										
EMAIL										
YOUR TFN					DATE C	F BI	RTH			
MOBILE				HOME				WORK		
WIODILL			D-		Eor Tay	Pof	und	WORK		
Bank Details For Tax Refund										
Account Name	Bank Name									
BSB Account Number										
PLEASE NOTE OUR STANDARD TAX RETURN FEE STARTS FROM \$330.										
KINDLY	"X" IF YC			UR FEE TO I					D.	
Employment Income – Please provide evidence										
Please note: Your Income Summaries from employers will be available to us via the ATO portal. Please provide evidence of any other income received through the year (ie: Foreign income, Capital gains)										
Deductions – Please provide evidence										
WORK-RELATED CAR E	XPENSES									
$\Box$ Km's travelled -	Please co	omplete <b>a</b>	<b>ttached</b> ห	vorksheet		🗆 Lo	og book -	Please com	plete <b>attached</b> wo	orksheet
WORK-RELATED TRAV	EL EXPEN	SES		1						
Train/Bus/Ferry/Taxi/Ub		\$		Conference		\$		Domestic	/International fares	\$
WORK-RELATED CLOTH					-					<b>T</b> .
Protective clothing (PPE,				\$			ecific clot			\$
Compulsory uniform (dis	tinctive to	your orga	nisation)	\$	Laundry expenses (up to \$150 without receipts)				\$	
Dry cleaning expenses				\$	Mending	/repa	nirs			\$
WORK-RELATED SELF-I	EDUCATIO	1		L é	Travel		ć		Deale	
Course Fees \$ Stationery OTHER WORK-RELATED EXPENSES – <i>Please provid</i>		·	\$	Travel \$			Books	\$		
Home office Stationery	DEXPENS	\$	se provia	e receipts jo				ana inaicati	s percentage of bi	usiness use %
Home office internet		ې \$		0/	-	Home office utilities Computer & Software			\$ \$	%
				%						%
Telephone/Mobile Phone \$ Working from home hours (please specify per week/m			week/mo	mth)	Tools & Equipment \$			Ş	70	
OTHER TYPES OF DEDU		specify per	weekymo							
Donations – please provide receipts			\$			\$ U		Union Fees	\$	
		Journals/Subscriptions		Gifts \$			g lease state		\$	
Superannuation	-			\$		Income Protection Insurance			\$	
		Та	-		- Please	orov	ide evid	dence		
Tax offsets/rebates – Please provide evidence  Zone details – if you live in a remote area, you may be eligible for an offset Superannuation pension rebates Sole parent/spouse/housekeeper/low income Imputation credit information from dividend statement										
Spouse details (name, income, DOB etc.)										
Dependants' details (name, DOB, and legal responsibilities)										
Investment Property										
Provide Real Estate Agent's Summary or please complete attached Residential Rental Property checklist										
Signed: Print Name: Date:										

## 2024 Residential Rental Property Checklist

AE (EXCLUDE CENTS ON ALL AMOUNTS) income rental related income							
e number of the taxpayer ame of the taxpayer ame of the taxpayer ass of the rental property the property first earned rental income and finish dates during the year when the property was rented are of weeks the property was rented out in the current financial year af acquisition of the rental property af sale of the rental property (if sold in the current year). a use % AE (EXCLUDE CENTS ON ALL AMOUNTS) income rental related income							
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AE (EXCLUDE CENTS ON ALL AMOUNTS) income rental related income							
income rental related income	private use %						
rental related income	\$						
	\$						
	\$						
ISES (EXCLUDE CENTS ON ALL AMOUNTS)							
ising expenses	\$						
's corporation (body corporate) fees	\$						
wing expenses	\$						
ng expenses	\$						
il rates	\$						
cline in value of a depreciating asset used in a rental property	\$						
ning and lawn mowing expenses	\$						
nce expenses	\$						
st expenses on loans	\$						
ax expenditure	\$						
expenses	\$						
ontrol expenses	\$						
rty agent fees or commission expenses	\$						
s and maintenance expenses	\$						
l works deductions	\$						
nery, telephone and postage expenses	\$						
charges	\$						
y rental expenses	\$						
expenses							
nt	\$						

## Log book method worksheet

Taxpayer's name							
Tax file number							
Year ended							
Type of motor vehicle							
Registration number							
Car details							
1. Over what period was the car held during the year	ar of income?						
То							
	f you owned one or more car(s) during the year of income, please provide the following details for each						
Make/model	Registration numbe	er					
Car 1:							
Car 2:							
Car 3:							
Log book expenses							
A. Total operating cost of the car:							
Petrol and oil		\$					
Depreciation/lease charge		\$					
Registration		\$					
Insurance		\$					
Automobile club membership		\$					
Repairs and maintenance		\$					
Interest charges		\$					
Other	\$						
	\$	\$					
B. Total operating cost of the car \$							
C. Less: Car parking and bridge/road tolls		\$					
Sub-total	\$						
D. Less: input tax credits on car expenses that ta	axpayer can claim (if any)	\$					
E. Total car operating expenses		\$					
F. Business use % x%							
F. Total claim under Log Book method		\$					

## Cents per kilometre worksheet

Тах	kpayer's name						
Тах	file number						
Yea	ar ended						
Тур	be of motor vehicle						
Re	gistration number						
Cai	r details						
1.	Over what period was the car held during the year of income?						
		То					
2.	If you owned one or car:	f you owned one or more car(s) during the year of income, please provide the following details for each car:					
	Make/model		Registration n	umber			
Car	1:						
Car	2:						
Car	^ 3:						
3.	How many busines	s kilometres did the car ti	ravel during the year of i	ncome?			
		Kilometres					