



Accumul8 Accountants

Focal Point | 2nd Floor, 18 Second Ave,

Cotton Tree QLD 4558

PO Box 5609, Maroochydore BC QLD 4558

Phone [07] 5451 0455

Email consult@accumul8.com.au

Website www.accumul8.com.au

2019 Individual Income Tax Return Checklist

Tax File Number:

ABN:

Are you an Australian resident? YES NO

Name:

Preferred Prefix: Mr. Mrs. Ms Miss Other:

First Name:

Middle Name:

Surname:

Name changed since last return? YES NO Preferred Name:

If YES, previous name:

Postal Address:

Unit/Street Number:

Street Name:

Suburb/Town:

State:

Postcode:

Residential Address:

Unit/Street Number:

Street Name:

Suburb/Town:

State:

Postcode:

Date of Birth:

Place of Birth:

Telephone: (H)

(W)

(M)

Email:

Occupation:

Spouse details (if applicable):

Date of Birth:

Preferred Contact: ☐ Email ☐ Mobile ☐ Home Phone ☐ Work Phone

Would you prefer your Income Tax Return: ☐ Emailed ☐ Mailed ☐ Collected from Office

*****The tax office now require your refund to be deposited directly into your bank account.*****

Please provide bank details BSB:

Account Number:

Account name:

Signature: Date:

PLEASE SUPPLY ALL RELATED DOCUMENTS

INCOME

- ☐ Salary or Wages (PAYG Payment Summary)
- ☐ Lump sum and Termination Payments
- ☐ Australian Government allowances and payments like Newstart, Youth allowance and Austudy payment
- ☐ Australian Government pensions and allowances
- ☐ Australian superannuation lump sum payments
- ☐ Interest
- ☐ Dividends, include dividend statements
- ☐ Distributions from partnerships and/or trusts
- ☐ Foreign source income (including foreign pensions) and foreign assets or property
- ☐ Rent (refer to Rental checklist for items to include)
- ☐ Capital Gains (sale of assets or investments)
- ☐ Other Income (please specify)

DEDUCTIONS

- ☐ Business/work related car expenses, kilometres travelled, or log book and related operating expenses
- ☐ Work related travel expenses
- ☐ Work related compulsory uniform expenses
- ☐ Work related self-education expenses
- ☐ Other work related expenses examples;
 - a) Union, Registrations and Subscriptions
 - b) Mobile Phone, Landline & Internet; if incidental usage over \$50; itemised or proportional usage based on expenses incurred
 - c) Home Office running expenses or hours worked on average in home office for work purposes
 - d) Sun Protection
 - e) Tools and Equipment – *for purchases over \$300 please provide the receipt*
 - f) Printing and Stationery
 - g) Interest and Dividend Deductions
 - h) Gifts or Donations
 - i) Cost of Managing Tax Affairs
 - j) Personal Superannuation Contributions
 - k) Income Protection Insurance
 - l) Other Deductions (please specify)

NEW CLIENTS

If this is the first year that we have prepared your Income Tax Return please provide a copy of your most recently lodged Income Tax Return for our reference.

OTHER INFORMATION REQUIRED

- | | |
|--|---|
| <input type="checkbox"/> Child support paid in the 2018/2019 year | <input type="checkbox"/> Private Health 'Annual Tax Statement' |
| <input type="checkbox"/> Do you receive Family Tax Benefit (FTB)? | <input type="checkbox"/> Eligible Medical Expenses for disability aids, attendant care or aged care (this offset is being phased out; restricted offset to 2018-2019) |
| <input type="checkbox"/> Details of Dependants (names & ages)

_____ | <input type="checkbox"/> Are you entitled to the Medicare levy exemption or reduction in 2019? (If yes, please specify) |
| | <input type="checkbox"/> Do you have a HECS/HELP liability or a student supplement loan debt? |

Special Note:

To assist us with preparing your Income Tax Returns and to keep our fee to you as economical as possible, please

- Provide the documentation to us at one instance once ALL of the information is available, and
- If you are waiting on documents from another source please wait until all documents are received by you before making your appointment or providing your information to us.

Please forward details to our office via email or post

2019 Sole Trader/Contractor Services

Description of main Business or Professional Activity:

Are you operating more than one business activity: YES/NO (if so please separate activity details)

Business Name of main Business:

ABN:

Are you registered for GST: YES NO

Business Address: .

Unit/Street Number:

Street Name:

Suburb/Town:

State:

Postcode:

Did you sell any goods or
service using the internet:

YES

NO

Are you a Primary
Producer:

YES

NO

Information & Documents required for Year End Taxation

This checklist is a guide. If you are GST registered, have employees or require financial statements to be prepared, please refer to our '2019 Accumul8 Business Checklist'

<input type="checkbox"/>	Back Up of the 'Reconciled' Data File (MYOB, QB - Intuit, Cash Flow Mgr) including: <ul style="list-style-type: none"> - Program and Version _____ - User Name _____ Password _____ If you use cloud based software (Xero, MYOB AccountRight Live, QuickBooks Online) please ensure we have access by forwarding an invitation to consult@accumul8.com.au
<input type="checkbox"/>	Manual cashbook / excel spreadsheets (Please also provide a backup copy of the spreadsheets) listing all Income and Expenses incurred in undertaking business activity.
<input type="checkbox"/>	Tax Invoices for Motor Vehicles, Plant and Equipment or any assets purchased during the year costing more than \$1,000 ex. GST.
<input type="checkbox"/>	Motor Vehicle expenditure including Log Book details, private use percentage for all vehicles and/or kilometres travelled.
<input type="checkbox"/>	Loan Statements and Finance Contracts for NEW loans, chattel mortgages, leases or hire purchases commenced during the year.
<input type="checkbox"/>	Home Office Usage and or running expenses incurred, including number of hours spent using home office on average per week
<input type="checkbox"/>	Phone/Mobile Phone & Internet usage percentage of use for business and personal usage. Based on a four week representative period this can be a diarised record or by itemising ordinary monthly bill.
<input type="checkbox"/>	Insurance Expenses Personal/Business Liability Insurance, Indemnity Insurance etc.

Authorisation to Release/Obtain of Information

Client Name:
DOB:
ABN/TFN:
Phone:

I, _____, _____ of, _____
(Name) (Position) (Entity and/or Address)

hereby authorise Accumul8 Accountants to obtain and release any information relevant to the ongoing management of my business activities and taxation affairs.

I understand that my authorisation will remain effective from the date of my signature until either:

1. My authorisation is revoked at any time by written, dated communication; or
2. My engagement as a client of Accumul8 Accountants ceases pursuant to written, dated communication.

I understand that all information released to Accumul8 Accountants will be handled confidentially and in compliance with all applicable laws and privacy regulations. I appreciate that revocation will not apply to information that has already been released based on this authorisation.

I understand that authorising the disclosure of this information is voluntary. I can refuse to sign this authorisation and do not need to sign this form to assure my engagement as a client of Accumul8 Accountants.

I have read and understand this form. I am the client listed, or am authorised to act on behalf of the client as the client's personal representative. I also permit the above authorisation to apply upon presentation of a photocopy of this authorisation.

Name of Client/Representative: _____

Signature of Client/Representative: _____ **Date:** _____



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