

NAME: _____ TAX FILE NUMBER: _____

ADDRESS: _____

CONTACT: (H) _____ (W) _____ (M) _____

EMAIL: _____ DATE OF BIRTH: _____

Where appropriate, please attached a copy of your last tax return

DEDUCTIONS/REBATES

Motor vehicle	Type:	Engine capacity:	Total km's (business/work):
Professional subscriptions and memberships	Details:		
Home office use: number of hours or floor space percentage and running costs	Details:		
Tax agent fees and associated travel costs	Details:		
Union fees	Details:		

PRIVATE HEALTH INSURANCE

Fund name	Member number	Type of cover
-----------	---------------	---------------

Does your Private Health Fund use the tax Rebate to reduce your Annual Premiums? YES/NO
 Please provide your Private Health Insurance statement.

MEDICAL EXPENSES

NET medical expenses (if more than \$2,000) (Exclude non-referred services and 'everyday' chemist items. Include all dependent family members.)	\$
--	----

SPOUSE SUPERANNUATION

Have you contributed to Superannuation on behalf of your Spouse? YES/NO
 If YES, amount of contribution \$.....

Spouse's name	Spouse's income	Spouse's D.O.B.	Spouse's T.F.N.
	\$		

OTHER DEDUCTIONS

DESCRIPTION	AMOUNT
Interest on borrowings used to purchase investments	
Work related:	
- Conferences and parking etc	
- Airfares and accommodation	
- Overseas travel diary	
- Costs of purchase for protective clothing and/or uniforms etc.	
- Course fees, books and travel	
Gifts and donations: Must be registered as deductible gift recipient	
Income protection insurance	
Education Tax Refund	

This list is merely a guide as to what to collate in order to complete your income tax return(s). We highly recommended that you refer to your last income tax return in conjunction with this checklist as a basis for collating your current tax information. New items and changes in your circumstances should always be brought to the attention of your accountant.

OTHER ISSUES
