

K & A ACCOUNTANTS & FINANCIAL PLANNERS PTY LTD

TAX PREPARATION CHECKLIST 2011

Name:				
TFN:		DOB:		
Address:				
Home Phone:				
Mobile:				
Email:				
				REFERRED BY:

Part 1: Confirmation of details			Y/N
1	Have you been a resident in Australia for the full 2011 Financial year?		<input type="checkbox"/>
2	Has any part of your name changed since lodging your previous tax return?		<input type="checkbox"/>
If Yes, Please state:			

Part 2: Income A			Y/N
Dear client, Have you.... (Please attach all relevant statements for the following)			
3	Received a payment summary from your employer? what is your occupation?: _____		<input type="checkbox"/>
4	Received any government payments? (Newstart, pension etc)		<input type="checkbox"/>
5	Received any employee share schemes from your employer? <small>Please provide detailed summary of employee shares received</small>		<input type="checkbox"/>

Part 3: Income B			Y/N																								
6	Have you received any interest income on any bank accounts?		<input type="checkbox"/>																								
<table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="width: 60%;"><i>Bank</i></th> <th style="width: 15%;"><i>TFN Tax</i></th> <th style="width: 25%;"><i>Interest</i></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td style="text-align: center;">\$</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;">\$</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>				<i>Bank</i>	<i>TFN Tax</i>	<i>Interest</i>			\$			\$			\$												
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7	Have you received any company dividends? (Please provide dividend statements)		<input type="checkbox"/>																								
8	Have you sold any shares? (Please provide buy and sell statements)		<input type="checkbox"/>																								
9	Have you received any distributions from managed funds? <small>if yes please attach statements</small>		<input type="checkbox"/>																								
10	Have you received any income from overseas? <small>if yes please attach statements</small>		<input type="checkbox"/>																								
11	Do you own an investment property?		<input type="checkbox"/>																								
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If the property was purchased or sold during the year please provide relevant paperwork

12 Do you operate and receive income as a sole trader?

Please provide summary of income and expenses

Please
Tick:

Attached

Part 4A: Expenditure

Y/N

Please keep receipts and do not provide expenses you have been reimbursed for

13 Did you pay any professional fees for investment advice?

Amount: \$

14 Did you purchase any investment magazines?

Amount: \$

15 Did you incur any bank fees on income earning accounts?

Amount \$

16 Did you have a loan for investments? (not including your rental properties)

Investment type/name

Interest: \$ total interest paid in Fin year 2011 not loan repayments.

17 Did you make any donations?

Charity	Amount
	\$
	\$
	\$

18 Did you incur tax agent fees in 2010?

Tax Agent Fees: \$

Part 4B: Work Related Expenditure

Y/N

Please keep receipts and do not provide expenses you have been reimbursed for

19 Did you use your Motor Vehicle for work related travel? (If Y please continue)

20 Did you travel more than 5000Km for work related during the financial year

(Answer Y please go to Method 2, Answer N please go to Method 1)

Method 1: Cents per KM (only for travel <5000kms)

CAR DETAILS

Date of Purchase: Make:

Registration: Model:

Capacity: Total kms: (travelled during the year)

Method 2: Actual Expense

Opening Odometer:	<input type="text"/>	Log Book:	<input type="text"/>
Closing Odometer:	<input type="text"/>	Work %:	<input type="text"/>
Rego and Insurance:	\$ <input type="text"/>	Repairs:	\$ <input type="text"/>
Fuel:	\$ <input type="text"/>	Tolls:	\$ <input type="text"/>
Interest*:	\$ <input type="text"/>	RACV:	\$ <input type="text"/>
Lease Repayments*:	\$ <input type="text"/>		

* Please attach lease/hire purchase agreement

21 Did you incur any other local work related travel expenses?

Parking:	\$ <input type="text"/>	Taxi Fare:	\$ <input type="text"/>	Met Card:	\$ <input type="text"/>
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22 Did you travel overseas or interstate for work related purposes?

<i>Destination</i>	<i>Nights</i>	<i>Purpose of travel</i>

If you have receipts for Airfares, Accommodation etc that you have NOT been reimbursed for please attach schedule.

23 Are you required to wear a uniform or protective clothing for work?

Uniform:	\$ <input type="text"/>	Shoes:	\$ <input type="text"/>
Protective clothing:	\$ <input type="text"/>	Dry Cleaning:	\$ <input type="text"/>

24 Were you required to work out doors at any time?

25 Did you undertake any studies that are directly related to your work activities?

Name of Course:

Institution:

Fees:	\$ <input type="text"/>	Books/Stationery:	\$ <input type="text"/>
Travel:	\$ <input type="text"/>	Computer:	\$ <input type="text"/>

26 Work related expenses: Please state **work related portion** only in \$

Union Fees:	\$ <input type="text"/>	News papers:	\$ <input type="text"/>
Seminars:	\$ <input type="text"/>	Mobile Phone:	\$ <input type="text"/>
Books & Journals:	\$ <input type="text"/>	Internet:	\$ <input type="text"/>
Home Telephone:	\$ <input type="text"/>	Subscriptions:	\$ <input type="text"/>
Computer expenses:	\$ <input type="text"/>	Stationery:	\$ <input type="text"/>
Tools & Equipment:	\$ <input type="text"/>	Home Office:	<input type="text"/> HOURS
Other:	\$ <input type="text"/>	(Details: _____)	

27 Did you purchase a computer or related equipment for work?

<i>Details</i>	<i>Date</i>	<i>Cost</i>
		\$
		\$
		\$

Part 5: Family and Health Cover details - - - **Y/N** -

28 During the year did you have a spouse?

29 Did your spouse work during the 2011 income tax year?

Spouse Details			
Name:	<input type="text"/>	DOB:	<input type="text"/>
Taxable income:	<input type="text"/> \$	Reportable super contribution:	<input type="text"/> \$
Taxfree pension received:	<input type="text"/> \$	Other foreign income:	<input type="text"/> \$
Financial investment loss:	<input type="text"/> \$		

30 Do you have any dependants?

Please provide details:

<i>Name</i>	<i>Date of Birth</i>

31 Did you have private health insurance?

Fund Code:

Member number:

Days of cover:

Part 6: Offsets - - - **Y/N** -

32 Did you have out of pocket family medical expenses greater than \$2000.00?

This is the amount of expenditure less any reimbursements from Medicare or private cover

33 Did you have any dependants at Primary or Secondary School?

Full name/s of dependants at primary school: _____

Full name/s of dependants at secondary school: _____

Please provide the following expenses:

<i>Primary</i>		<i>Secondary</i>	
School text books:	\$	School text books:	\$
Stationery:	\$	Stationery:	\$
Education software:	\$	Education software:	\$
Laptops/ Computers:	\$	Laptops/ Computers:	\$
Computer related:	\$	Computer related:	\$
Trade tools:	\$	Trade tools:	\$

34 Did you make any super contributions on behalf of your spouse?

Amount: \$

Please tick:

- I would like my return prepared and sent to me for signing Post E-mail
- I would like my return prepared and then contacted to come in to sign
- I would like to come in to have my return prepared and I will use the checklist to assist preparation

Part 7: OTHER

Y/N

If you have any questions or further details please state:

I declare that the information I have given in this questionnaire including any attachments are true and correct. I have the necessary receipts and/or other records- or expect to obtain the necessary written evidence within a reasonable time of lodging my Tax Return to support my claims for deductions, rebates and FTA

Signature:

Date: