

K & A ACCOUNTANTS & FINANCIAL PLANNERS PTY LTD
TAX PREPARATION CHECKLIST 2011

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

If available please attach a copy of your 2010 tax return

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:	<input type="text"/>

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? Please provide detailed summary of employee shares received	<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"> <thead> <tr> <th><i>Bank</i></th> <th><i>TFN Tax</i></th> <th><i>Interest</i></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td align="center">\$</td> </tr> <tr> <td></td> <td></td> <td align="center">\$</td> </tr> <tr> <td></td> <td></td> <td align="center">\$</td> </tr> </tbody> </table>	<i>Bank</i>	<i>TFN Tax</i>	<i>Interest</i>			\$			\$			\$	
<i>Bank</i>	<i>TFN Tax</i>	<i>Interest</i>											
		\$											
		\$											
		\$											
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? if yes please attach statements	<input type="checkbox"/>												
10 Have you received any income from overseas? if yes please attach statements	<input type="checkbox"/>												
11 Do you own an investment property? if yes Please provide followings files to claim tax deduction: *Rental statement from Ageint(include total rental income) *Summary of all other expenses *Interest on loans for investment property (not home loan interest) *Travel to and from Property in \$ *Capital improvements If the property was purchased or sold during the year please provide relevant paperwork	Please Tick: if no Please skip Q11 <input type="checkbox"/> Attached <input type="checkbox"/> Attached <input type="checkbox"/> Attached <input type="checkbox"/> Attached <input type="checkbox"/> Attached												
12 Do you operate and receive income as a sole trader? Please provide summary of income and expenses	Please Tick: <input type="checkbox"/> Attached												

Part 4A: Expenditure	Y/N
<i>Please keep receipts and do not provide expenses you have been reimbursed for</i>	

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: Log Book:
 Closing Odometer: Work %:
 Rego and Insurance: \$ Repairs: \$
 Fuel: \$ Tolls: \$
 Interest*: \$ RACV: \$
 Lease Repayments*: \$

* Please attach lease/hire purchase agreement

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

Parking: \$ Taxi Fare: \$ Met Card: \$

22 Did you travel overseas or interstate for work related purposes?

Destination	Nights	Purpose of travel

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: \$ Shoes: \$
 Protective clothing: \$ Dry Cleaning: \$

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: \$ Books/Stationery: \$
 Travel: \$ Computer: \$

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

Union Fees: \$ News papers: \$
 Seminars: \$ Mobile Phone: \$
 Books & Journals: \$ Internet: \$
 Home Telephone: \$ Subscriptions: \$
 Computer expenses: \$ Stationery: \$
 Tools & Equipment: \$ Home Office: HOURS

Other: \$ (Details: _____)

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

Details	Date	Cost
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

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:

Name	Date of Birth
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

31 Did you have private health insurance?

Fund Code:
 Member number:
 Days of cover:

Part 6: OffsetsY/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: OTHERY/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: _____