|  |  |
| --- | --- |
| **Individual Tax Return Checklist** | |
| **Customer Personal Information Sheet**  **\*All information provided will be kept confidential** | |
| Family Name |  |
| First Name |  |
| Middle Name |  |
| Gender |  |
| Occupation |  |
| Date of birth |  |
| Address |  |
| Email |  |
| Mobile |  |
| Tax file number |  |
| Bank BSB number |  |
| Bank Account number |  |
| Did you have a spouse for the full financial year? |  |
| Spouse's name (Capital Surname) |  |
| Spouse's DOB |  |
| Spouse's Estimated taxable income |  |
| Number of dependent children |  |
| Are you Australian permanent resident or citizen during the whole financial year? |  |

I， , authorise Solution In to add me to its tax agent portal.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Summary of Tax Deductable Expenses** | | | |
| **Work Related Expenses** | **Amount** | **Work related %** | **Invoices(Y/N)** |
| How many weeks/months do you work in a financial year? |  | N/A | N/A |
| Mobile expense average per month  (data, texts, calls and etc) |  |  |  |
| Internet expenses average per month |  |  |  |
| Home office weekly average hours  (01/07/2020 to 30/06/2021) |  | N/A |  |
| Self-education expense (work related), please specify |  | N/A |  |
| Motor vehicle expenses (work related), please specify |  | N/A |  |
| Laundry expenses per week (uniform with logo) |  | N/A |  |
| Stationery annual expenses, please specify |  | N/A |  |
| Subscriptions and licenses (work related),  please specify |  | N/A |  |
| Tax related expenses, please specify |  | N/A |  |
| Tools, equipment purchased with price < $1000/ item. (work related) |  |  |  |
| Tools, equipment purchased with price > $1000/ item (work related)  *Must provide original/ soft copy invoices for depreciation purpose.* |  |  |  |
| Income protection insurance |  | N/A |  |
| Donations |  | N/A |  |
| Travelling expense (work related), please specify |  | N/A |  |
| Personal superannuation deduction  (this is not the employer contributed amount)  If so, please provide Acknowledged Notice of Intent |  | N/A |  |
| Others, please specify |  | N/A |  |

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| **Additional Questions** | **Yes** | **No** |
| 1. Do you have share investment for the year?  If so, Share statement and Summary. |  |  |
| 2. Do you have capital gain for the year?  If so, ask for capital gain checklist or provide sales and purchase documents. |  |  |
| 3. Do you have any previous carry forward capital loss?  If so, please provide which financial year you actually occurred. |  |  |
| 4. Do you have investment properties?  If so, please ask for rental property checklist. |  |  |
| 5. Do you have a sole trader/partnership business? Is it GST and PAYG registered?  If so, please provide your business worksheet. |  |  |
| 6. Are you one of the shareholders or directors of any company?  If so, please provide director fee, dividend statement, or other relevant income information. |  |  |
| 7. Are you a beneficiary of a trust? If so. Trust return, trust deed review, trust distribution summary. |  |  |
| 8. Do you have a SMSF? If so, SMSF audit and statement of concessional and non-concessional super contribution. |  |  |
| 9. Do you have foreign income? If so, foreign income statement. |  |  |
| 10. Are you working or living in remote area of Australia?  If so, please provide last year tax return copy and related information. |  |  |
| 11. Did you and your spouse purchase Private Health Insurance? |  |  |
| 12. Did you contribute superannuation to your spouse? If yes, please provide amount. |  |  |

* If you have rental/ investment property, please refer to the rental property checklist.
* If you have capital gain, please refer to capital gain tax checklist – property
* If you are a sole trader, please ask for ABN tax return checklist.