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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_

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|  **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.