# Tax Return Checklist

## **END OF FINANCIAL YEAR 23/24**

In order for our accountants to prepare your Tax Return efficiently, please complete these questions to the best of your ability.

If you would prefer not to include some responses, please leave those fields blank and we can discuss these on the phone with you, once your form has been submitted.



#### YOUR DETAILS

| TOUR DETAILS                              |  |   |               |  |
|---|--|---|---------------|--|
| Full Name (Tax Payer 1)                   | Mobile Number                                | Date of Birth                                     |               |  |
| Street address                            | Suburb                                       | Post Code State                                   |               |  |
| Occupation                                | E-mail Address                               |   |               |  |
| Are you an Australian Resident            | Do you have a current Will?                  | Do you have Personal Income Insurance?            |               |  |
| Drivers License Number (required fo       | r new clients to set up Tax Client Identific | eation)   |               |  |
| Partner Name (Tax Payer 2)                | Mobile Number                                | Date of Birth                                     | Date of Birth |  |
| E-mail Address                            | Partner Occupation                           | Separate Net Income                               |               |  |
| Is your partner an Australian<br>Resident | Does your partner have a current Will?       | Does your partner have Personal Income Insurance? |               |  |
| Partner's Drivers License Number (re      | equired for new clients to set up Tax Clien  | nt Identification)                                |               |  |

#### **2023/24 INCOME**

No

| Were YOU employed & paid wages?      | Was your PARTNER employed & paid wages?      |
|--------------------------------------|--|
| Yes                                  | Yes  |
| No                                   | No   |
| Did YOU receive Centrelink payments? | Did your PARTNER receive Centrelink Payments |
| Yes                                  | Yes  |
|                                      |  |

No

| Did YOU receive a superannuation pa   | Did your PARTNER rece             | Did your PARTNER receive a superannuation payout?            |                      |        |  |
|---|-----------------------------------|--|----------------------|--------|--|
| Yes   | Yes                               |  |                      |        |  |
| No  | No                                |  |                      |        |  |
| Interest Received   |                                   |  |                      |        |  |
| <b>#1</b> Interest paid to:   | Bank                              | Account<br>Number  | Amount               | TFN WH |  |
| <b>#2</b> Interest paid to:   | Bank                              | Account<br>Number  | Amount               | TFN WH |  |
| #3 Interest paid to:  | Bank                              | Account<br>Number  | Amount               | TFN WH |  |
| Dividends Received  |                                   |  |                      |        |  |
| Dividends Received #1   |                                   |  |                      |        |  |
| Company Name  |                                   | Amount Unfranked   | Amount Fully Franked |        |  |
| Dividends paid to:  |                                   | Date Paid  | IMP Credit           |        |  |
| Dividends Received #2   |                                   |  |                      |        |  |
| Company Name  |                                   | Amount Unfranked   | Amount Fully Franked |        |  |
| Dividends paid to:  |                                   | Date Paid  | IMP Credit           |        |  |
| Please note: If you have additional in have income from cryptocurrencies; a please complete the additional Interest conjunction with this form. | and/or your int                   | terest/dividends are shared w                                | ith your partner or  | other, |  |
| Partnership / Trust Income  |                                   |  |                      |        |  |
| Did YOU receive a Partnership / Trus Distribution?  | Did your PARTNER re Distribution? | Did your PARTNER receive a Partnership / Trust Distribution? |                      |        |  |
| Yes   |                                   | Yes  |                      |        |  |

No

No

#### **Capital Gains**

Did you or your partner sell shares/property or any other assets during the 23/24 year?

Yes, I did

Yes, my partner did

Yes, we sold joint assets

No

If yes, please give details:

#### **Business Schedule**

Did you or your partner receive a business income during the 23/24 year?

Yes, I did

Yes, my partner did

Yes, we both did

No

If yes, please attached the business schedule or include details below.

#### **2023/24 DEDUCTIONS**

#### **Car Deductions**

Did you use your car for work related travel? If yes, complete details relating to your vehicle.

Yes

No

Motor Vehicle Registration Number

Make / Model

Log Book % Work Related Total Number of KMS

Registration Costs \$

Fuel Expenses \$

Insurance Paid \$

Interest paid on loan \$

Repairs & Maintenance Expenses \$

#### **Work Related Travel**

Trip #1 Expenses

Travelling with:

Were travel records

maintained?

Reason for travel

Yes

Airfare Costs

**Accommodation Costs** 

Parking Costs

Food and Beverage Costs

Were travel records

Trip #2 Expenses Travelling with:

maintained?

Reason for travel

Yes

Airfare Costs

Accommodation Costs

**Parking Costs** 

Food and Beverage Costs

If you have additional work related travel expenses please attached a separate spreadsheet with further details.

#### **Uniform/Protective Clothing Expenses**

You:

**Uniform Costs \$** 

Protective Clothing Costs \$

Sunscreen/hats etc Costs \$

Your Partner:

**Uniform Costs \$** 

Protective Clothing Costs \$

Sunscreen/hats etc Costs \$

#### **Self Education Expenses - Apprentices & Students**

You:

Course fees \$

Travel to study \$

Monthly Internet \$

Monthly % internet use

Light & Power - estimate hours per month spent studying

Stationary, software & computer \$

Your Partner:

Course fees \$

Travel to study \$

Monthly Internet \$

Monthly % internet use

Light & Power - estimate hours per month spent studying

Stationary, software & computer \$

#### Other Deductions: anything else you or your partner have bought/used for work

Other Deductions - You:

Please provide diary of your actual hours worked from home/total

### phone, internet, power etc for the period listed below. Short courses / seminars Tools 1.7.23 - 30.6.24: **Union Fees Professional Subscriptions** Supplies (Computer, Stationary) Phone (% work use) Internet (% work use) Home office (please provide diary) Claims <\$200 <\$10 each? Other Deductions - Partner: Please provide diary of partner's actual hours worked from home/total phone, internet, power etc for the period listed below. Short courses / seminars Tools 1.7.23 - 30.6.24: Union Fees **Professional Subscriptions** Supplies (Computer, Stationary) Phone (% work use) Internet (% work use) Home office (please provide diary) Claims <\$200 <\$10 each? Gifts or donations **Amount** Donated by: #1 Donation / Gift Details Amount Donated by: #2 Donation / Gift Details Amount Donated by: #3 Donation / Gift Details **Cost of Managing Tax Affairs** Tax Agent Fee \$ Distance to Travel to Tax Agent (kms) **Personal Super Contributions** These are payments paid by you or your spouse. They are not paid by your employer or salary sacrificed. A Super Fund acknowledgment letter is required, dated before 30 June 2022. You \$ Your Partner \$

#### **Insurances**

Do you have Private Health cover? Name of Fund: Type of Cover: # of dependent children

Thank you for completing the STS Accounting Group Client Tax Return Checklist 2023/24. We look forward to discussing your return with you shortly.

If you have any questions regarding this form please call one of our expert accountants at Torquay: (03) 5261 2262
Winchelsea (03) 5267 2673

Please e-mail your completed form to **admin@surftax.com.au** and one of our expert accountants will be in touch with you shortly to finalise your Tax Return.

surftax.com.au