

Tax Return Checklist

END OF FINANCIAL YEAR 24/25



STS
ACCOUNTING
GROUP

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

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 for new clients to set up Tax Client Identification)

Partner Name (Tax Payer 2)

Mobile Number

Date of Birth

E-mail Address

Partner Occupation

Separate Net Income

Is your partner an Australian Resident

Does your partner have a current Will?

Does your partner have Personal Income Insurance?

Partner's Drivers License Number (required for new clients to set up Tax Client Identification)

2024/25 INCOME

Were YOU employed & paid wages?

Yes

No

Was your PARTNER employed & paid wages?

Yes

No

Did YOU receive Centrelink payments?

Yes

No

Did your PARTNER receive Centrelink Payments

Yes

No

Did YOU receive a superannuation payout?

Yes

No

Did your PARTNER receive a superannuation payout?

Yes

No

Interest Received

#1 Interest paid to:	Bank	Account Number	Amount	TFN WH
#2 Interest paid to:	Bank	Account Number	Amount	TFN WH
#3 Interest paid to:	Bank	Account 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 income from dividends, interest or earnings beyond what is listed here; have income from cryptocurrencies; and/or your interest/dividends are shared with your partner or other, please complete the additional Interest & Dividends spreadsheet available on our website and submit in conjunction with this form.

Partnership / Trust Income

Did YOU receive a Partnership / Trust Distribution?

Yes

No

Did your PARTNER receive a Partnership / Trust Distribution?

Yes

No

Capital Gains

Did you or your partner sell shares/property or any other assets during the 24/25 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 24/25 year?

- Yes, I did
- Yes, my partner did
- Yes, we both did
- No

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

2024/25 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

Trip #2 Expenses

Travelling with:

Were travel records 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

1.7.24 - 30.6.25:

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

1.7.24 - 30.6.25:

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

#1 Donation / Gift Details

Amount

Donated by:

#2 Donation / Gift Details

Amount

Donated by:

#3 Donation / Gift Details

Amount

Donated by:

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 2024/25.
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