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CHECKLIST FOR 2017 TAX RETURN PREPARATION

PLEASE PRINT AND COMPLETE THE ATTACHED INFORMATION PAGES AND FORWARD TO OXFORD ACCOUNTING GROUP TOGETHER WITH OTHER DOCUMENTS REQUIRED TO HAVE YOUR TAXATION RETURN PREPARED OR BRING WITH YOU TO YOUR APPOINTMENT.

IF YOU ARE HAVING PROBLEMS PRINTING OR ARE UNABLE TO PREVIEW AND / OR USE PRINT OPTIONS IN EXCEL MODE - PLEASE REFER TO THE INSTRUCTIONS ON THE WEB PAGE AGAIN - HIGHLIGHTED IN RED ABOVE THE "CHECKLIST" ICON

2017 TAX RETURN WORKSHEET/CHECKLIST

Name:		TFN:	
Address:			
Occupation:			
Email:			
Contact	Mobile:	Work:	Home:

Income Details

Ordinary Income

Supply group certificates and other payment advices.

	Yes	No
Wage & Salary Income	<input type="checkbox"/>	<input type="checkbox"/>
Allowance, Benefits, Tips	<input type="checkbox"/>	<input type="checkbox"/>
Reportable Fringe Benefits	Type: <input type="checkbox"/>	<input type="checkbox"/>
Lump Sum Payments	Type: <input type="checkbox"/>	<input type="checkbox"/>
Eligible Termination Payments	Type: <input type="checkbox"/>	<input type="checkbox"/>
Superannuation Income Stream or Pension Annuity Payments	<input type="checkbox"/>	<input type="checkbox"/>
Centrelink - Aged Pension	<input type="checkbox"/>	<input type="checkbox"/>
Centrelink - Youth Allowance, Newstart, Sickness, Training or Other Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Centrelink - Parenting Payment (Partnered or Single)	<input type="checkbox"/>	<input type="checkbox"/>

Investment Income

Details can be provided below. If you require more space please provide details on the additional worksheet at rear of checklist.

	Yes	No
Bank Interest Received	<input type="checkbox"/>	<input type="checkbox"/>
Dividends	<input type="checkbox"/>	<input type="checkbox"/>
P'ship & Trust Income	<input type="checkbox"/>	<input type="checkbox"/>
Rental Income	<input type="checkbox"/>	<input type="checkbox"/>

Bank Interest Received - Savings & Term Deposit Accounts

Bank Name	Interest Received Amnt	Withholding Tax Amnt
	\$	\$
	\$	\$
	\$	\$

Dividends Received

Company Name	Unfranked	Franked	Imputation Credit
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

PROVIDE DIVIDEND STATEMENTS WHERE POSSIBLE

Other Income

Provide details below or, if necessary, on the additional worksheet at the rear of checklist.

	Yes	No
Business Income	<input type="checkbox"/>	<input type="checkbox"/>
Capital Gains/(Loss)	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Income	<input type="checkbox"/>	<input type="checkbox"/>
Other Income	<input type="checkbox"/>	<input type="checkbox"/>

SHARES
PROPERTY

Motor Vehicle & Travel Expenses/Deductions Worksheet

Motor Vehicle Expenses :

If you use your own vehicle for work purposes you may be entitled to claim the costs of running that vehicle.

Yes	No

A) Cents Per Kilometre Method

Maximum of up to 5,000 km's.

Make & Model :			
Reg No :		Max 48	Total Annual Kms
Estimated Weekly Km's		X No of Weeks	
			Rate per Km
			\$ 0.66 \$

Reason/Purpose of use MV and Estimated Weekly kms business use travel x No of Weeks:

[Provide a brief description of work related MV travel]

OR

B) Actual Cost - Log Book Method

[Log Books valid for 5 Years]

Log book - Trips are required to be recorded for 12 consecutive weeks. All consecutive days must be show.

Start & End of trip Odometer Readings, Date, Location From & To, and Breif purpose of trip must be recorded

You must Show Both "Business Use Kilometers" and "Private Use Kilometer" in the log book during that period

We need to sight the original or provide us with a copy of log book to be able to claim this method.

Odometer Reading at Start of log Period		A
Odometer Reading at End of log Period		B
Total Kilometers Travelled		C = A-B
Total Business Use Kilometers		D
Calculated Business Use %		% D Divide by C

PURCHASE DETAILS IF PURCHASE NEW VEHICLE IN CURRENT YEAR

Make & Model :	
Registration No :	
Date of Purchase :	
Purchase Amount \$	

Expense Item - Amount of Spend

Expense Item - Amount of Spend	Amount Spent \$	
Fuel (Actual Spend Amount)	\$	If you have kept Fuel Reciepts - provide actual cost per your records
Fuel (Estimated Spend Amount)	\$	If you have NOT kept Fuel Reciepts - We will Calculate fuel Costs
Insurance	\$	Supply Copy of Registration Payment Invoice
Registration	\$	Supply Copy of Tax Invoice
Repairs & Maintenance / Services	\$	Supply Copies of Receipts
Tyres	\$	Sypply Copies of Reciepts
Other Related Car Costs	\$	Supply copies of Tax Invoices

Was the Vehicle Financed?	Yes	No
	[Provide finance/Lease documents for Interest Claims]	

NOTE: If you have not maintained a proper log book as required, you will NOT be able to use this method. MUST USE Cents per KM

Other Travel Expenses :

Domestic or overseas travel including airfares and accommodation.

Description & Purpose of Travel:		Yes	No
Citylink Tolls:	Percentage Work Related:	%	

Please provide substantiation documents to support claim: Air Fare, Accomodation & Other related costs Tax Invoices

Other Work Related & Investment Expenses/Deductions Worksheet

Yes No

Uniform Expenses:

Protective Clothing, Corporate Wardrobe, Occupation Specific Clothing

Description of Clothing:	Amount \$	Yes	No
> Home/Laundry [\$150 Maximum Claim Amount]	\$		
> Dry Cleaning - Reciept Amount Only	\$		

Self Education Expenses:

Must relate to Employment Income Activity.

Yes No

Course Name & Details:	Amount \$	Yes	No
> Course Fees	\$		
> Books & Stationery	\$		
> Aids, Tools and Equipment required for learning	\$		
> Travel Costs - Public transport travel costs	\$		

[If use MV to travel to school direct from work, provide details - Cents per km method max Kms 5,000]

Eng Cyl TICK BOX

Make & Model:	Reg No:	Total Kms		
Actual or Est Kms per week:	X	No of Weeks :	=	

Other Work Related Deductions:

Amount \$ Yes No

> Union Fees	\$		
> Memberships & Associations Name(s):	\$		
> Memberships & Associations Name(s):	\$		
> Memberships & Associations Name(s):	\$		
> Mobile Phone Bus Use: Average Monthly Cost		X	% Work Use
> Diary & Misc Stationery	\$		
> Computer Consumables : Costs Incurred	\$	X	% Work Use
> Capital Item for Depreciation Over \$300 (Supply Copy of Invoice)			% Work Use
> Home/Office Use: Hrs per week	Hrs	X	No of Weeks: @ .45cph
> Other Item 1 (Supply Details)	\$		
> Other Item 2 (Supply Details)	\$		
> Other Item 3 (Supply Details)	\$		
> Other Item 4 (Supply Details)	\$		

Investment Deductions (Non-Work Related):

Amount \$ Yes No

> Investment Deductions - Interest Paid on Bank or Other Loans to Purchase Shares

Bank Loan Acc No:

Loan - Bank or Other Financial Institution

Loan - Margin Lending

		\$		
		\$		

> Tax & Accounting Fees

Tax Fee

Other Tax& Accounting Fees - WTV S1515

\$		
\$		

> Gift or Donations

Charity Names: _____

Charity Names: _____

Charity Names: _____

Charity Names: _____

Charity Names: _____

\$		
\$		
\$		
\$		
\$		

> Income Protection Insurance

Yes No

Insurer Name:	Policy No:	\$		
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Note: Income Protection Cover paid via Superannuation Fund - NOT TAX DEDUCTIBLE

Spouse Details

SPOUSE Name:

Spouse D.O.B

____ / ____ / ____

Taxable Income 2017 Year

\$

Spouse Taxable Income (Actual from Spouse Tax Return or Estimate as Guide Only) Required where PBC is not preparing your SPOUSE Tax Return. Otherwise you may leave BLANK

Number of Dependant Children Aged under 21 in full time education

Tax Offsets, Rebates & Surcharges

MEDICAL EXPENSES REBATE (T5)

Yes

No

To be eligible to claim this offset, you must have :

> Paid for medical expenses relating to disability aids, attendant care or aged care. (Phasing Out FINAL YEAR 2019)

1. Where your Adjusted Taxable Income is below \$90,000(single) OR \$180,000 (couple/family) you can claim a rebate of 20% of Net Medical expenses over \$2,299

2. Where your Adjusted Taxable Income is over the above thresholds you may only claim 10% of Net

Medical expenses over \$5,423

Note: The couple/family threshold increases by \$1500 for every dependant child after the first.

If you satisfy either of the above thresholds please provide full details and/or documents as evidence

Medical Provider Name

Total Charge

Benefit Amount

Out of Pocket Amount

If you need to provide more details, please complete the additional information page

Private Health Cover

> Tax Offset

If you paid PHC premium and NOT claimed the Rebate as a

premium reduction during the year, you may be eligible to a

Tax offset at tax time dependant on your taxable income. You MUST provide a copy of the year end Statement.

Yes

No

> 1%-1.5% Surcharge

If you are not covered by any Private Health Cover Insurer, and

your taxable Income is over the thresholds listed below, a surcharge

of between 1% to 1.5% of your taxable Income will be payable per table below.

Income Thresholds

Single Person (No Dependants)

Single with dependant & Families

Surcharge Rate

\$90,000 or Less	\$90,001 - 105,000	\$105,001 - 140,000	\$140,001 or more
\$180,000 or Less	\$180,001 - 210,000	\$210,001 - 280,000	\$280,001 or more
0%	1%	1.25%	1.50%

SPOUSE SUPER / DEPENDANT REBATES

Spouse Super (T3)

Did you make a contribution to Super on behalf of your spouse?

Provide Proof of Contribution document & amount Paid

Max Rebate is \$540 if the sum of spouse assessable income

Reportable Fringe Benefit & Superannuation is less than \$13,800.

Yes

No

Dependant (T6)

(Invalid or Carer)

Did you support your spouse who was invalid or carer of an invalid?

Did you support your parent or your spouse's parent who was invalid or carer of an Invalid ?

Did you support yours or your spouse's, invalid child, brother or sister greater than 16 years of age?

Yes

No

Please note, to be eligible for the tax offset, the invalid person must be in receipt of disability support pension from Social Security and yours & your spouse's combined ATI, must be less than \$150,000.

ATO HECS / HELP DEBT DETAILS

Do you have a

HECS/HELP

DEBT?

If yes please provide the amount owing to ATO as at 30/06/17

or HECS/HELP Debt from ATO

Yes

No

HECS/HELP Amount

\$

Additional Information Worksheet

[Please provide brief details of any information you may feel is important to bring to our attention that may affect the preparation of your Income Tax Return]

[illegible]

Investment Property - Income and Expenses.

Note: If more than one property please copy this schedule and provide details separately.

Property Address

Date of Acquisition

 /

 /

Note: If you have purchased a new property or haven't previously done so, please provide;

> **Copy of Contract of Sale**

> **Settlement Statement and Statement of Adjustments - Received from solicitor at settlement.**

> **Disbursements Statement - Received from Bank at settlement.**

These items will provide information relevant for calculation of Borrowing Cost Deductions [5 Year claim] and also information for future calculation of Capital Gains or Losses on sale/transfer of property.

Income

Rental Income

Please provide monthly statements or annual rental summary from managing agents.

Deductions

Provide the Following Documentation & Information

- | | | |
|----|--------------------------------|--|
| 1 | Advertising for Tenants | <i>Per annual rental summary</i> |
| 2 | Agents Fees/Commission | <i>Per annual rental summary</i> |
| 3 | Body Corporate | <i>Invoice/Receipts and/or Per annual rental summary</i> |
| 4 | Cleaning | <i>Invoice/Receipts and/or Per annual rental summary</i> |
| 5 | Council Rates | <i>Rates Notices or Per annual rental summary</i> |
| 6a | Special Building Write Off { | <i>To be calculated by our office from historical schedules- or if new property</i> |
| 6b | Depreciation fittings & furn { | <i>please provide an approved quantity surveyors prepared schedule.</i> |
| 7 | Gardening & Pest Control | <i>Invoice/Receipts and/or Per annual rental summary</i> |
| 8 | Insurance | <i>Invoice/Receipts and/or Per annual rental summary</i> |
| | Landlord | |
| | Building | |
| 9 | Investment Loan(s) | <i>Loan Statements</i> |
| | Interest | |
| | Bank Fees | |
| | Borrowing Costs | <i>To be calculated by our office - Please provide Contract of Sale/Finance Doc.</i> |
| 10 | Land Tax | <i>Land Tax Invoice</i> |
| 10 | Repairs & Maintenance | <i>Invoice/Receipts and/or Per annual rental summary</i> |
| 11 | Travel to Inspect Property | <i>See below</i> |
| 12 | Water Rates | <i>Quarterly Notices and/or Per annual rental summary</i> |
| 13 | Other | <i>Please specify - Provide Invoice/Receipts</i> |

Travel to Inspect Property

Type of Car Used - Make & Model: _____

Reg No: _____

Trips

Rate

Claim Amount

Number of Trips

\$ 0.66

\$

Kilometres per Trip

Total Kms =

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Reg No: _____

Trips

Rate

Claim Amount

Number of Trips

--

\$ 0.66

\$

Kilometres per Trip

--

Total Kms =

--