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CHECKLIST FOR 2024 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.

2024 TAX RETUR	N WOR	KSHE	ET/CHECKL	.IST			
Name:				TFN:			
Address:				1			
Occupation:							
Email:							
Contact	Mobile	1	1	Work:		Home:	
Income Detai	ils						
Ordinary Income	Supply gr	oup certific	cates and other pay	yment advices.		Yes	No
Wage & Salary Income							
Allowance, Benefits, Tip							
Reportable Fringe Benefi	ts	Type:	Super, Motor V				
Lump Sum Payments		Type:		ver, Insurance etc			
Eligible Termination Pay		Type:		ong Service Leave	e etc.		
Superanuuation Income S	stream or	ension A	nnuity Payments			\vdash	
Other Income	van aa Mar	vatant Cia	Irmana Tusinina a	n Oth on Allowson			
Centrelink - Youth Allow Centrelink - Parenting Pa				r Other Allowanc	е		
Centrelink - Parenting Pa	yment (P	artnered o	r single)				
Investment Income		-		require more space heet at rear of chec	-	Yes	No
Bank Interest Received	Summaris	e interest b	elow, or provide ba	ank statements.			
Dividends		Summarise dividends below, or provide dividend statements.					
P'ship & Trust Income	ome Provide distribution statement(s) from partnership or trust.						
Rental Income	Refer Ren	tal Summa	ry Schedule				
Bank Interest Recei	ved - Savi	ngs & Te	rm Deposit Acco	ounts			
Bank Name		Interest F	Received Amnt	Withholdi	ng Tax Amnt		
		\$		\$			
		\$		\$			
		\$		\$			
		<u> </u>					
Dividends Received							
Company Name	Unfranke	d	Franked	Imputation	n Credit		
	\$		\$	\$			
	\$		\$	\$			
	\$		\$	\$			
	\$		\$ \$	\$ \$			
PROVIDE DIVIDE	S CTAT	EMENTO	1 *	1 <u>`</u>			
PROVIDE DIVIDE	VD STATE	<u>EMENIS</u>	WHERE PUSSI	IDLE		-	-
Other Income	Provide de rear of ch		v or, if necessary, o	on the additional w	orksheet at the	Yes	No
Business Income	Provide fu	ll details o	f income & expens	es.			
Capital Gains/(Loss)			l sale details of Ass		SHARES		
	-		d sale details of Ass		PROPERTY		
Foreign Income	Provide an	ny documen	ntation for evidence	e of Foreign Source	Income.		
Other Income	Provide an	ny documen	ntation for evidence	e of other income re	eceived.		
	·		·	·		_ 	•

Motor Vehicle & Travel Expenses/Deductions Worksheet								
	r Vehicle Expenses :		_				Yes No	
	u use your own vehicle for work p		you may be	entitled				-
o clo	nim the costs of running that vehi	cle.						
4)	Cents Per Kilometre Metho	od –	Maximum of	up to 5,000	km's.			
	Make & Model :	_						
	Reg No :			No Wee	eks Total Annual Klms	Rate per Kn	n	
	Estimated Weekly Km's		X No of Week		Total Amidal Kinis	1	B5 \$	
	Reason/Purpose of use MV and I	Tatimata	į		use trevel v No of Wee	- !	55 (
	[Provide a brief description	Sumate	u weekiy kiii	s business t	ise traverx no or wee	KS.		
	of work related MV travel]							
o D	<u> </u>							
OR		DAI DD	ED AD ATION	.7				
HE	CKLIST FOR 2024 TAX RETU [Log Books valid for 5 Years]	KN PKI	<u>EPAKATION</u>	<u>Y</u>				
	Log book - Trips are required to be re-	corded for	r 12 consecutive	weeks. All c	onsecutive days must be s	how.		
	Start & End of trip Odometer Reading							
	You must Show Both "Business Use Ki				-	hat period		
	We need to sight the original or provide		a copy of log be		e to claim inis methoa.			
	Odometer Reading at Start of log F			A				
	Odometer Reading at End of log Po	eriod		В				
	Total Kilometers Travelled			C = A-B	1			
	Total Business Use Kilometers			D				
	Calculated Business Use %			% D Divid	e by C			
	PURCHASE DETAILS IF PURCHASE	NEW VEH	IICLE IN CURR	ENT YEAR				
	Make & Model :							
	Registration No:							
	Date of Purchase :							
	Purchase Amount \$							
	Expense Item - Amount of Spend		Amount Spen	ıt \$				
	Fuel (Actual Spend Amount)		\$		If you have kept Fuel	Reciepts - provide	actual cost per your reco	rds
	Fuel (Estimated Spend Amount)		\$		If you have NOT kept	Fuel Reciepts - W	e will Calculate fuel Costs	S
	Insurance		\$		Supply Copy of Regis	stration Payment I	nvoice	
	Registration		\$		Supply Copy of Tax I	nvoice		
	Repairs & Maintenance / Services		\$		Supply Copies of Rec	eipts		
	Tyres		\$		Sypply Copies of Rec	iepts		
	Other Related Car Costs		\$		Supply copies of Tax	Invoices		
	F		,					
	Was the Vehicle Financed?	Yes	CD :1.0	/T 1		7	No	
			_[Provide finan	ce/Lease do	cuments for Interest Clair	ns J		
	NOTE: If you have not maintained a	proper lo	g book as requi	red, you will	NOT be able to use this	method. MUST U	SE Cents per KM	
2.7	m 10							_
Ithe	Travel Expenses : Description & Purpose of Travel:		or overseas tra	vel including	airfares and accommod	ation.	Yes No	
	Citylink Tolls:			Percenta	ge Work Related:	9	%	_
	Please provide substantiation documents to support claim: Air Fare, Accomodation & Other related costs Tax Invoices							

						Yes	No
form Expenses:	Protective Clothing, Cor	porate Wa	rdrobe, O	ccupation Specific Clot		T	
Description of Clothing:					Amount \$	Yes	No
> Home/Laundry [\$150 Maxin					\$	1	-
> Dry Cleaning - Reciept Amou	ınt Only				\$		
Education Expenses:	Must relate to Employm	ant Incom	a Activity			Yes	No
Course Name & Details:	Musi reduce to Employme	em meom	e Activity.		Amount \$	103	111
> Course Fees					\$	 	<u> </u>
> Books & Stationery					\$	-	
·						4	
> Aids, Tools and Equipment re					\$	4	TIGI
> Travel Costs - Public transport [If use MV to travel to school direction of the content of t		-th- Car	41		\$	En Cod	TICK
Make & Model:	ect from work, provide det	ans - Cen		method max Kms 5,00		Eng Cyl	BOX
			Reg No:		Total Kms	+	_
Actual or Est Kms per week:			X	No of Weeks :	=.	1	+
er Work Related Deductions:					Amount \$	Yes	No
> Union Fees					\$		
> Memberships & Associations	Name(s):				\$		
> Memberships & Associations	Name(s):				\$		
> Memberships & Associations					\$		
> Mobile Phone Bus Use: Aver	` ` `		X	% Work Use	\$		
> Diary & Misc Stationery		L	_1		s		
> Computer Consumables : Cos	sts Incurred	\$	X	% Work Use	\$		
> Capital Item for Depreciation		l		% Work Use	\$		
> Home/Office Use: Hrs per we		X	No of W		\$		
(must be supported by timesh			110 02 11	(a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	\$		
(Note: Home office hours mus		r time she	eets)	<u> </u>	\$		
> Other Item 3 (Supply Details)				\$		
> Other Item 4 (Supply Details	<u>/</u>				\$		
		_					
estment Deductions (Non-Wo	rk Related):				Amount \$	Yes	No
> Investment Deductions - Inter	est Paid on Bank or Other	Loans to	Purchase	Shares			
			Bank	Loan Acc No:			
Loan - Bank or Other Find	ancial Institution				\$		
Loan - Margin Lending					\$		
> Tax & Accounting Fees	Tax Fee				\$		
•	Other Tax& Accounting	Fees - WT	V S1515		\$		
		, 4			-		<u> </u>
> Gift or Donations	Charity Names:				\$		
	Charity Names:				\$		
	Charity Names:				\$		
	Charity Names:				\$		
	Charity Names:				\$	1	
> Income Protection Insurance						Yes	No

Spouse Details							
SPOUSE Name:				Taxable Income 202	24 Year		
Spouse D.O.B	/	/		\$			
Spouse Taxable Income (Act	tual from Spouse To	ax Return or Estimate	as Guide Only) Require	ed			
where Oxford is not preparing	g your SPOUSE To	ıx Return. Otherwise	you may leave BLANK				
Number of Dependant Ch	ildren Aged und	ler 21 in full time ed	lucation				
Private Health Cover	If you paid PHC r	oremium and NOT clair	ned the Rehate as a			Yes No	0
> Tax Offset		n during the year, you					ŤΙ
Tut Offset	-		taxable income. You MU	IST		— –	-
		the year end Statement					
	process a copy of	/	•				
> 1%-1.5% Surcharge	If you are not cov	ered by any Private He	alth Cover Insurer, and				
_	your taxable Inco	me is <u>over</u> the threshh	olds listed below, a surch	arge			
	of between 1% to	1.5% of your taxable	e Income will be payable p	per table below.			
		Income Thresholds	3				
Single Person (No Dependant	ts)	\$90,000 or Less	\$90,001 - 105,000	\$105,001 - 140,000	\$140,001 or more		
Single with dependant & Fam.	ilies	\$180,000 or Less	\$180,001 - 210,000	\$210,001 - 280,000	\$280,001 or more		
Surcharge Rate		0%	1%	1.25%	1.50%		
CROLICE CURER	/ DEDENI	ANDRE	A PERIO				
SPOUSE SUPER	<u>/ DEPENI</u>	<u>)ANT REBA</u>	<u>ATES</u>				
Spouse Super (T3)		•	behalf of your spouse?			Yes No	0
		Contribution document					⅃ ┃
		40 if the sum of spouse					
	Reportable Fringe	e Benefit & Superannuc	ation is less than \$40,000.				
. = 6 8/8/ /							
ATO HECS / HEI	LP DEBT	<u>DETAILS</u>					
Do you have a	If yes please prov	ide the amount owing	to ATO as at 30th June.			Yes No	0
HECS/HELP	or HECS/HELP	Debt from ATO					
DEBT?					Γ.		
			HECS/HELP Amoun	ıt	\$		

affect the preparation of your Income Tax Return	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]	
		_

Inv	estment Proper	ty - Income and Expenses.
		py this schedule and provide details separately.
	rty Address	
тторс	ity Address	
Date o	of Acquisition	/ /
Note:	If you have purchased a new pro	opery or haven't previously done so, please provide;
	> Copy of Contract of Sale	
		atement of Adjustments - Received from solicitor at settlement.
		Received from Bank at settlement.
	•	ation 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.
Incom	ie	
	L Rental Income	Please provide monthly statements or annual rental summary
		from managing agents.
Deduc	etions etions	Provide the Following Documentation & Information
1	Advertising for Tenants	Per annual rental summary
2	Agents Fees/Commission	Per annual rental summary
3	Body Corporate	Invoice/Receipts and/or Per annual rental summary
4	Cleaning	Invoice/Receipts and/or Per annual rental summary
5	Council Rates	Rates Notices or Per annual rental summary
6a	Special Building Write Off	{ To be calculated by our office from historical schedules- or if new property
6b	Depreciation fittings/furn.	{ please provide an approved quantity surveyors prepared schedule.
7	Gardening & Pest Control	Invoice/Receipts and/or Per annual rental summary
8	Insurance	Invoice/Receipts and/or Per annual rental summary
	Landlord	
	Building	
9	Investment Loan(s)	Loan Statements
	Interest	
	Bank Fees	
	Borrowing Costs	To be calculated by our office - Please provide Contract of Sale/Finance Doc.
10	Land Tax	Land Tax Invoice
10	Repairs & Maintenance	Invoice/Receipts and/or Per annual rental summary
12	Water Rates	Quarterly Notices and/or Per annual rental summary
13	Other	Please specify - Provide Invoice/Receipts

Investment Property - Income and Expenses.					
Note: If	more than one property please cop	y this schedule and provide details separately.			
Proper	rty Address				
- 1	· ·				
Date o	f Acquisition	/ /			
Note:	If you have purchased a new prop	pery or haven't previously done so, please provide;			
	> Copy of Contract of Sale				
	> Settlement Statement and Sta	tement of Adjustments - Received from solicitor at settlement.			
		eceived from Bank at settlement.			
	•	tion relevant for calculation of Borrowing Cost Deductions [5 Year claim]			
	and also information for future of	calculation of Capital Gains or Losses on sale/transfer of property.			
Incom	0				
	L Rental Income	Please provide monthly statements or annual rental summary			
CHECK	L Rental meome	from managing agents.			
		J. O. I. Managing agents.			
Deduc	tions	Provide the Following Documentation & Information			
	A leastining Con Towns				
1	Advertising for Tenants	Per annual rental summary			
2 3	Agents Fees/Commission Body Corporate	Per annual rental summary Invoice/Receipts and/or Per annual rental summary			
4	Cleaning	Invoice/Receipts and/or Per annual rental summary Invoice/Receipts and/or Per annual rental summary			
5	Council Rates	Rates Notices or Per annual rental summary			
6a		To be calculated by our office from historical schedules- or if new property			
6b	= =	please provide an approved quantity surveyors prepared schedule.			
7	Gardening & Pest Control	Invoice/Receipts and/or Per annual rental summary			
8	Insurance	Invoice/Receipts and/or Per annual rental summary			
	Landlord				
	Building				
9	Investment Loan(s)	Loan Statements			
	Interest				
	Bank Fees				
4.0	Borrowing Costs	To be calculated by our office - Please provide Contract of Sale/Finance Doc.			
10	Land Tax	Land Tax Invoice			
10 12	Repairs & Maintenance Water Rates	Invoice/Receipts and/or Per annual rental summary			
13	Other	Quarterly Notices and/or Per annual rental summary Please specify - Provide Invoice/Receipts			
13	Other	Tieuse specify - Trovide invoice/Receipis			
	-				
	-				

Investment Property - Income and Expenses.					
Note: If	more than one property please cop	y this schedule and provide details separately.			
Proper	rty Address				
- 1	· ·				
Date o	f Acquisition	/ /			
Note:	If you have purchased a new prop	pery or haven't previously done so, please provide;			
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	> Settlement Statement and Sta	tement of Adjustments - Received from solicitor at settlement.			
		eceived from Bank at settlement.			
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	and also information for future of	calculation of Capital Gains or Losses on sale/transfer of property.			
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CHECK	L Rental meome	from managing agents.			
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Deduc	tions	Provide the Following Documentation & Information			
	A leastining Con Towns				
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5	Council Rates	Rates Notices or Per annual rental summary			
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8	Insurance	Invoice/Receipts and/or Per annual rental summary			
	Landlord				
	Building				
9	Investment Loan(s)	Loan Statements			
	Interest				
	Bank Fees				
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13	Other	Quarterly Notices and/or Per annual rental summary Please specify - Provide Invoice/Receipts			
13	Other	Tieuse specify - Trovide invoice/Receipis			
	-				
	-				