



clientservices@wscgroup.com.au
phone: 1300 365 125

Income Tax Return Check List | 30 June 2024

Name: Date of Birth:

Please provide the following information in order for us to complete your tax return

Personal details:

Are you an Australian resident? YES NO

Has your name changed since your last tax return? YES NO If Yes, previous name

Address: (Home)

Address: (Postal)

Mobile Phone: Home Phone:

Preferred Email Address:

Occupation:

Spouse Name (if applicable): Spouse Date of Birth (if applicable):

Bank Account Name (for your tax refund to be deposited, in applicable):

BSB: Account No.

WSC Group Document Hub

Would you like access to the [WSC Group Document Hub](#) to sign your tax return electronically? YES NO

Our Duty of Care:

As your accountant we have a duty of care and responsibility to bring to your attention the need for you to carefully consider the following matters:

1. Do you have appropriate Life, Trauma and Income Protection insurance in place? YES NO
2. Have you prepared an up to date will and an enduring Power of Attorney? YES NO
3. Have you considered estate planning issues and the passing of assets to future beneficiaries? YES NO
4. Have you adequately prepared a plan for your superannuation investments? YES NO

5. Please provide the name of your solicitor:

6. Please provide the name of your financial advisor:

Would you like to consider the above matters further with a qualified professional?

YES

MAYBE NEXT YEAR

If **YES**, please contact our office on 1300 365 125 or clientservices@wscgroup.com.au for further information.

If **MAYBE NEXT YEAR**, please sign below indicating that you have read and understood the above and do not wish to be contacted about any of these services nor have any need for any of these services.

Signature

Full Name

Date

Income:

Please insert income received this financial year below.

	Tax Withheld (\$)	Gross (\$)
Salary or wages – Payer One		
Salary or wages – Payer Two		
Salary or wages – Payer Three		
Paid Parental Payments <i>(NB: If not included in your PAYG Payment Summary provided by your employer)</i>		
Allowances, earnings, tips, director's fees etc		
Employer lump sum payments		
Employment termination payments		
Australian Government allowances and payments like Newstart, Youth Allowance and Austudy payments		
Australian Government pensions and allowances		
Australian annuities and superannuation income streams		
Australian superannuation lump sum payments		
Attributed personal services income		
Gross Interest <i>(See Attachment 1)</i>	<i>Completed Attachment 1 supplied</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dividends <i>(See Attachment 2)</i>	<i>Completed Attachment 2 supplied</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Employee Share Schemes		
Distributions from partnerships and/or trusts	<i>Year-end tax statements supplied</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Distributions from Managed Funds	<i>Year-end tax statements supplied</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Personal services income (PSI)		
Net income or loss from business (as a sole trader)	<i>Completed Business Checklist supplied</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Deferred non-commercial business losses		
Net farm management deposits or repayments		
Net capital gains <i>(See Attachment 3)</i>	<i>Completed Attachment 3 supplied</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Direct or indirect interests in a controlled foreign company		
Transfer of property or services to a foreign resident trust		
Foreign source income (including foreign pensions) and foreign assets or property		

Income: (cont'd)

Rental Income

Completed Attachment 3 supplied

YES

NO

Bonuses from life insurance companies
or friendly societies

Forestry managed investment scheme
income

Any other income: (please specify)

Income Tests

The following income tests affect a range of government benefits as well as obligations such as the Medicare Levy surcharge and HELP repayments
– Please provide amounts and supporting documentation

Total Reportable Fringe Benefits in the
2024 income year

Reportable Employer Superannuation
Contributions in the 2024 income year

Tax-free Government Pensions in the
2024 income year

Target Foreign Income in the 2024
income year

Child Support paid by you in the 2024
income year

Dependents

Do you have any dependents (children up to the age of 21, full-time students under the age of 25, parents or parents in law) living with you?

YES

NO

If YES, please provide a short summary of the details below:

FULL NAME

DATE OF BIRTH

1.

2.

3.

4.

5.

6.

Deductions:

If you answer Yes to any of the below, please provide written evidence

D1 Work related car expenses

Do you use your car for work purposes? Please note that this excludes travel to and from your ordinary place of work.

YES NO

If yes, we will require extra information to calculate your deduction (See Attachment 4)

Have any car expenses been reimbursed by your employer?

YES NO

D2 Work-related travel expenses

Did you incur travel expenses in the course of your employment? If yes, do you have travel records?
(Please provide number of days and locations below)

YES NO

NB: Work-related travel includes domestic travel, overseas travel, airfares, accommodation, hire cars, and meals and incidental expenses.

No. Days:

Location:

Do you have other work-related travel expenses
(e.g., a borrowed car, public transport)?
Please specify below

YES NO

Have any travel expenses been reimbursed by
your employer?

YES NO

Deductions: (cont'd)

If you answer Yes to any of the below, please provide written evidence

D3 Work related uniform and other clothing expenses

Do you wear a [compulsory](#) or an occupation specific uniform?

YES NO

(If yes, please provide details of any expenses incurred in purchasing or maintaining your uniform e.g., laundry expenses up to \$150, dry cleaning expenses, other claims such as mending/repairs)

Do you wear [protective clothing](#) for your work?

YES NO

(If yes, please provide details of any expenses incurred in purchasing or maintaining your uniform e.g., laundry expenses up to \$150, dry cleaning expenses, other claims such as mending/repairs)

Do you wear [non-compulsory uniform](#) or conventional clothing?

YES NO

(If yes, please provide details of any expenses incurred in purchasing or maintaining your uniform e.g., laundry expenses up to \$150, dry cleaning expenses, other claims such as mending/repairs)

Have any clothing, laundry and dry cleaning expenses been reimbursed by your employer?

YES NO

D4 Work related [self-education expenses](#)

Did you incur any education expenses that maintain or improve the skills or knowledge you require for your *current* employment?

YES NO

(If yes, please provide details of these expenses. They may include course fees, books, stationery, travel and depreciation on assets purchased for self-education and union fees)

D5 Other work related expenses

Did you incur any other expenses in the course of your employment?

YES NO

(If yes, please provide details. Below we have listed some common work related deductions)

Home office expenses (including working from home due to COVID-19)
If you work from home please provide an average number of hours per week:

Please provide \$ amounts:

Computer and software

Telephone / mobile phone
(Please provide the total amount of your bill and the percentage which relates to your work)

Tools and equipment

Subscriptions and union fees

Journals / periodicals

Sun protection products *(i.e. sunscreen and sunglasses if you work outdoors)*

Personal protective equipment *(i.e. facemasks, sanitser)*

Seminar and course fees *(not at an educational institution)*

Any other work related deductions *(please specify)*

--

Have any other work-related expenses been reimbursed by your employer?

--

D6 Low value pool deduction

--

D7/D8 Did you have any costs in maintaining an investment that derives interest or dividend income?
E.g. interest paid on a loan used to purchase shares

(See Attachment 5)

D9 Gifts or donations

--

D10 Cost of managing tax affairs (include number of km's travelled to tax agent last year, interest charged by the ATO inc SIC and GIC, Litigation costs, audit protection insurance and other expenses incurred in managing tax affairs)

--

D11 Deductible amount of undeducted purchase price of a foreign pension or annuity

--

D12 Personal superannuation contributions (Please provide a copy of the *Notice of Intention* to deduct the contribution)

Full name of fund:

--

Account No

--

Fund ABN:

--

Fund TFN:

--

D13 Deduction for project pool

D14 Forestry managed investment scheme deduction

D15 Other deductions e.g. income protection insurance
(please specify)

L1 Tax losses of earlier income years
(Please provide a copy of your last year's tax return if it was completed by another accountant)

Tax offsets / rebates

T1 Are you a senior Australian or pensioner?

YES NO

T2 Did you receive an Australian superannuation income stream?

YES NO

T3 Did you make superannuation contributions on behalf of your spouse?

YES NO

T4 Did you live in a remote area of Australia or serve overseas with the Australian defence force or the UN armed force in the 2024 income year?

YES NO

T5 Did you maintain a dependent who is unable to work due to invalidity or carer obligations in the 2024 income year?

YES NO

T6 Are you entitled to claim the landcare and water facility tax offset?

YES NO

T7 Are you involved in an early stage venture capital limited partnership?

YES NO

T8 Are you an early stage investor in an early stage innovation company?

YES NO

Medicare levy and Medicare levy surcharge

- M1:** Are you entitled to the Medicare levy exemption or reduction in 2023 / 2024? *(If yes, please specify):* YES NO
- M2:** For the entire 2024 income year, were you and all of your dependents (including spouse) covered by appropriate private health insurance hospital cover? If yes, please provide details below and supply a copy of your annual statement. YES NO
- Full name of fund: Member Number:
- Share of premiums paid in the financial year:
- Share of government rebate received: Benefit code:
- NB: You may be liable for the Medicare Levy Surcharge if all dependents are not covered by your policy.**

Adjustments

- A1:** Did you and your spouse/dependents have private health insurance in the 2024 income year? YES NO
- A2:** Did you become an Australian tax resident at any time during the 2023 / 2024 income year? YES NO
- A3:** Did you cease to be an Australian tax resident at any time during the 2023 / 2024 income tax year? YES NO
- A4:** Did you make a non-deductible (non-concessional) personal super contribution during 2024? YES NO
- A5:** Did a trust or company distribute income to you in respect of which family trust distribution tax was paid by the trust or company? YES NO
- A6:** Are you a working holiday maker in Australia on a 417 (working holiday) visa or 462 (working holiday) visa? YES NO
- What is your 'home country' (where you are a national)? Country name: _____

Other

- 1.** Do you have a HELP liability, Student Financial Supplement Loan debt, Student Start-up debt or Trade Support Loan debt? YES NO
- 2.** Do you have a loan with a private company at 30 June 2024 or have such a loan amount forgiven? *(If yes, please specify)* YES NO
- 3.** Has a private company made a payment to you in the 2024 income year (other than a dividend) YES NO
- 4.** Did you receive any benefit from an employee share acquisition scheme? *(If yes, please specify)* YES NO
- 5. Family Tax Benefit**
- Did you have care of a dependent child in the 2024 income year? YES NO
- Did you or your spouse receive FTB through the Department of Human Services in the 2024 income year? YES NO

Spouse Details *(if applicable)*

Did you have a spouse for the full year from 1 July 2023 to 30 June 2024?

YES NO

If you had a spouse for only part of the income year, please specify the dates between 1 July 2023 to 30 June 2024 when you had a spouse:

From: To:

Only complete the below items if WSC Group is NOT preparing your spouse's tax return

What was your spouse's taxable income for the 2024 financial year? _____

Does your spouse have a share of trust income on which the trustee is assessed under Section 98 of the ITAA36 not included in your spouse's taxable income for the 2024 income year?

YES NO

Did a trust or company distribute income to your spouse in respect of which family trust distribution tax was paid by the trust or company for the 2024 income year?

YES NO

Did your spouse have any reportable fringe benefits amounts for the 2024 income year?

YES NO

Did your spouse receive any Australian Government pensions or allowances (not including exempt pension income) in the 2024 income year?

YES NO

Did your spouse receive any exempt pension income in the 2024 income year?

YES NO

Does your spouse have any reportable super contributions for the 2024 income year?

YES NO

Did your spouse receive any tax-free government pensions paid under the *Military Rehabilitation and Compensation Act 2004*?

YES NO

Did your spouse receive any 'target foreign income' in the 2024 income year?

YES NO

Did your spouse have a total net investment loss (i.e., the total of any financial investment loss and a rental property loss) for the 2024 income year?

YES NO

Did your spouse pay child support during the 2024 income year?

YES NO

If your spouse is 55 to 59 years old, did they receive a superannuation lump sum (other than a death benefit) during the 2024 income year which included a taxed element that does not exceed their low rate cap?

YES NO

Attachments:

Attachment 1 – Bank Interest

1. Bank Name:	<input type="text"/>	BSB:	<input type="text"/>	Account #:	<input type="text"/>
Gross Interest:	<input type="text"/>	Tax Withheld:	<input type="text"/>	Joint Account:	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Bank Name:	<input type="text"/>	BSB:	<input type="text"/>	Account #:	<input type="text"/>
Gross Interest:	<input type="text"/>	Tax Withheld:	<input type="text"/>	Joint Account:	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Bank Name:	<input type="text"/>	BSB:	<input type="text"/>	Account #:	<input type="text"/>
Gross Interest:	<input type="text"/>	Tax Withheld:	<input type="text"/>	Joint Account:	<input type="checkbox"/> YES <input type="checkbox"/> NO

Attachment 2 – Dividends

Payer	Unfranked \$	Franked \$	Franking Credits \$	TFN Withholding \$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attachment 3 Capital Gains Schedule:

Description: (Shares / Property)

Date Acquired:

Date Disposed:

Consideration:

%

Less:

Purchase:

Amount:

Date:

Fees on Sale & Purchase

Cost base

Frozen

Less allowable deductions

Plus assessable income on disposal

Reduced cost base

Discountable (individual – subject to 50% discount)

Gain:

Assessable Amount:

Frozen Indexation

Gain:

Assessable Amount:

NOTE: Please supply provide copies of purchase and sale documents

Attachment 4

Work related car expenses (1):

How many km's did you travel for work (maximum 5,000 kms)?

Have you kept a log book for 12 weeks with your current employer in the last 5 years?
 (Please note that this log book must be kept for your current motor vehicle)

Please supply a copy of your log book

If yes, what was the business use percentage?

Car Registration:

Make & Model:

Date Purchased:

Original Cost:

Interest: (please provide loan documents)

Lease Repayments:

Fuel:

Insurance:

Registration fee:

Repairs:

Other:

If car sold/traded in during the year, please complete the below:

Sale/Trade in Date:

Sale Price / Trade in Value:

Work related car expenses (2):

How many km's did you travel for work (maximum 5,000 kms)?

Have you kept a log book for 12 weeks with your current employer in the last 5 years?
 (Please note that this log book must be kept for your current motor vehicle)

Please supply a copy of your log book

If yes, what was the business use percentage?

Car Registration:

Make & Model:

Date Purchased:

Original Cost:

Interest: (please provide loan documents)

Lease Repayments:

Fuel:

Insurance:

Registration fee:

Repairs:

Other:

Attachment 5

Interest and dividend deductions: (If over \$5,000 please provide details)

Type of Investment	Financial Institution	Amount	Interest Rate
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>