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Income Tax Return Checklist – Year end 30 June 2015

Name: Date of Birth:

Tax File Number: ABN (if applicable):

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:

Email Address:

Occupation:

Medicare Number:

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

Bank Account Name:

BSB: Account 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? Please provide a copy of your insurance cover advice if you would like a complimentary review.

☐ 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? Please provide a copy of your statement at 30 June 2015 if you would like a complimentary review.

☐ 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 info@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 and also provide written evidence e.g. PAYG Payment Summary (Group Certificate), etc

	Tax Withheld (\$)	Gross (\$)
Salary or wages – Payer One		
Salary or wages – Payer Two		
Salary or wages – Payer Three		
Paid Parental Payments (NB: If not included in your PAYG Payment Summary provided by your employer)		
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		
Australian Government pensions and allowances		
Australian annuities and superannuation income streams		
Australian superannuation lump sum payments		
Attributed personal services income		
Interest (See Attachment 1)	Completed Attachment 1 supplied	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dividends (See Attachment 2)	Completed Attachment 2 supplied	<input type="checkbox"/> YES <input type="checkbox"/> NO
Employee Share Schemes		
Distributions from partnerships and/or trusts	Year end tax statements supplied	<input type="checkbox"/> YES <input type="checkbox"/> NO
Distributions from Managed Funds	Year end tax statements supplied	<input type="checkbox"/> YES <input type="checkbox"/> NO
Personal services income (PSI)		
Net income or loss from business (as a sole trader)	Completed Business Checklist supplied	<input type="checkbox"/> YES <input type="checkbox"/> NO
Deferred non-commercial business losses		
Net farm management deposits or repayments		
Net capital gains (See Attachment 3)	Completed Attachment 3 supplied	<input type="checkbox"/> YES <input type="checkbox"/> NO
Direct or indirect interests in controlled foreign entities		
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	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Bonuses from a life insurance company or friendly societies	<div></div>		
Forestry managed investment scheme income	<div></div>		
Any other income: (please specify)	<div></div>		

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	<div></div>
Reportable Employer Superannuation Contributions	<div></div>
Tax-free Government Pensions	<div></div>
Target Foreign Income	<div></div>
Child Support paid by you	<div></div>
Number of dependent children	<div></div>

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.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, we will require extra information to calculate your deduction (See Attachment 4)		

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)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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No. Days:	Location:
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Did you receive a travel allowance from your employer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If so, how much?		

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?)

Do you wear protective clothing for your work? *(If yes, please provide details of any expenses incurred in purchasing or maintaining your uniform?)*

☐ 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)

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)*

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)*Seminar and course fees *(not at an educational institution)*Any other work related deductions *(please specify)***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 no. of Km's travelled to tax agent last year)**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
- T5** Did you have net medical expenses in 2015? (See Attachment 6) ☐ YES ☐ NO
- If YES, did they include expenses relating to disability aids, attendant care or aged care expenses? ☐ YES ☐ NO
- NOTE: Did you claim medical expenses in 2013 and 2014? If your 2013 and 2014 returns were not provided by WSC Group, please provide copies of these.*
- T6** Did you maintain a dependant who is unable to work due to invalidity or carer obligations? ☐ YES ☐ NO
- T7** Are you entitled to claim the landcare and water facility tax offset? ☐ YES ☐ NO

Other relevant information

Medicare levy and Medicare levy surcharge

- M1.** Are you entitled to the Medicare levy exemption or reduction in 2014 / 2015? *(If yes, please specify):* ☐ YES ☐ NO
- M2** For the entire 2015 income year, were you and all of your dependants (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:

Adjustments

- A2:** Did you become an Australian tax resident at any time during the 2014 / 2015 income year? ☐ YES ☐ NO
- A2:** Did you cease to be an Australian tax resident at any time during the 2014 / 2015 income tax year? ☐ YES ☐ NO
- A3:** Did you make a non-deductible (non-concessional) personal super contribution during 2015? ☐ YES ☐ NO
- A4:.** 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
- C1:** Did you pay any tax within 14 days before the due date of the liability (eg. HECS/HELP)? ☐ YES ☐ NO

Other

- 1.** Do you have a HECS/HELP liability or a student financial supplement loan debt? ☐ YES ☐ NO
- 2.** Do you have a loan with a private company or have such a loan amount forgiven? *(If yes, please specify)* ☐ YES ☐ NO
- 3.** Did you receive any benefit from an employee share acquisition scheme? *(If yes, please specify)* ☐ YES ☐ NO

Spouse Details (if applicable)

Did you have a spouse for the full year from 1 July 2014 to 30 June 2015? ☐ YES ☐ NO

If you had a spouse for only part of the income year, please specify the dates between 1 July 2014 to 30 June 2015 when you had a spouse:

From:

To:

What was your spouse's taxable income for the 2015 financial year? _____

NB: Not applicable if WSC is preparing your spouse's tax return

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 2015 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 2015 income year? ☐ YES ☐ NO

Did your spouse have any reportable fringe benefits amounts for the 2015 income year? ☐ YES ☐ NO

Did your spouse receive any Australian Government pensions or allowances (not including exempt pension income) in the 2015 income year? ☐ YES ☐ NO

Did your spouse receive any exempt pension income in the 2015 income year? ☐ YES ☐ NO

Does your spouse have any reportable super contributions for the 2015 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 2015 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 2015 income year? ☐ YES ☐ NO

Did your spouse pay child support during the 2015 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 2015 income year which included a taxed element that does not exceed their low rate cap? ☐ YES ☐ NO

Dated theday of20.....

.....
Signature of taxpayer

.....
Name (print)

Attachments:

Attachment 1 – Bank Interest

1. Bank Name:

BSB:

Account #:

Gross Interest:

Tax Withheld:

2. Bank Name:

BSB:

Account #:

Gross Interest:

Tax Withheld:

3. Bank Name:

BSB:

Account #:

Gross Interest:

Tax Withheld:

Attachment 2 – Dividends

Payer	Unfranked \$	Franked \$	Franking Credits \$	TFN Withholding

Attachment 3 Capital Gains Schedule:

Description: (Shares / Property)

Date Acquired:

Date Disposed:

Consideration:

%

Less:

Amount:

Date:

Purchase:

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)

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)

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"/>

Attachment 6

Tax offset on net medical expenses