

Leaders Personal Tax Checklist



For The Year Ended 30 June 2024

It is not necessary to provide this information if we have a copy of your prior year's tax return and the information has not changed.

| | |
|--|--|
| FULL NAME | |
| TAX FILE NUMBER | |
| ABN NUMBER | |
| CURRENT POSTAL ADDRESS | |
| POSTAL ADDRESS ON PREVIOUS TAX RETURN | |
| CURRENT HOME ADDRESS | |
| DAYTIME PHONE NUMBER | |
| EMAIL ADDRESS | |
| MAIN SALARY/WAGE OCCUPATION DESCRIPTION | |
| DATE OF BIRTH | |
| PREVIOUS NAME | |
| WHERE WAS YOUR PREVIOUS RETURN LODGED? | |
| IS THIS YOUR FINAL RETURN? | |

From 1 July 2013 the ATO will no longer issue refund cheques
In order to receive a tax refund we must provide the ATO your bank account details.

| | |
|---------------------|--|
| ACCOUNT NAME | |
| BSB NO. | |
| ACCOUNT NO. | |

Copy of Engagement Terms / Tax Agent Services Guide Handed to Client

| | |
|----------------|-------------|
| | |
| Manager | Date |

INCOME

Please supply us with the following documents where applicable:



| | YES | NO |
|---|-----|----|
| Salary or Wages - Income Statements via MyGov | | |
| Allowances, earnings, tips, director's fees etc | | |
| Employer lump sum payments | | |
| Employment termination payments | | |
| Australian Government allowances and payments like Newstart, Youth Allowance, JobSeeker and Austudy payment | | |
| Australian Government pensions and allowances | | |
| Australian annuities and superannuation income streams | | |
| Australian superannuation lump sum payments | | |
| Attributed personal services income | | |
| Gross Interest | | |
| Dividends | | |
| Employee share schemes | | |
| Distribution from partnerships and/or trusts | | |
| Personal services income (PSI) | | |
| Net income or loss from business (as a sole trader) | | |
| Deferred non-commercial business losses | | |
| Capital gains | | |
| Foreign entities: | | |
| • Direct or indirect interests in a controlled foreign company | | |
| • Transfer of property or services to a non-resident trust | | |
| Foreign source income (including foreign pensions) and foreign assets or property | | |
| Rent | | |
| Forestry managed investment scheme income | | |
| Other income (please specify below) | | |
| | | |

DEDUCTIONS

Please supply us with details:



| | YES | NO |
|--|-----|----|
| Work Related Car Expenses | | |
| Cents per kilometre (up to a maximum of 5,000 kms) | | |
| Log book method | | |
| | | |
| Work Related Travel Expenses | | |
| Employee domestic travel with reasonable allowance | | |
| <ul style="list-style-type: none"> If the claim is more than the reasonable allowance rate, do you have receipts for your expenses? | | |
| Overseas travel with reasonable allowance | | |
| <ul style="list-style-type: none"> Do you have receipts for accommodation expenses? | | |
| <ul style="list-style-type: none"> If travel is for 6 or more nights in a row, do you have travel records? (eg. a travel diary) | | |
| Employee without a reasonable travel allowance | | |
| <ul style="list-style-type: none"> Did you incur and have receipts for airfares? | | |
| <ul style="list-style-type: none"> Did you incur and have receipts for accommodation? | | |
| <ul style="list-style-type: none"> Do you have receipts for hire cars (if applicable)? | | |
| <ul style="list-style-type: none"> Did you incur and have receipts for meals and incidental expenses? | | |
| <ul style="list-style-type: none"> Other work related travel expenses (please specify) | | |
| | | |
| Work Related Uniform and Other Clothing Expenses | | |
| Protective clothing | | |
| Occupation specific clothing | | |
| Non-compulsory work uniform | | |
| Compulsory work uniform | | |
| Laundry expenses (up to \$150 without receipts - where your total claim for work related expenses is less than \$300) | | |
| Dry cleaning expenses | | |
| | | |
| Work Related Self-Education Expenses | | |
| Course taken at educational institution | | |
| <ul style="list-style-type: none"> Union fees | | |
| <ul style="list-style-type: none"> Course fees | | |
| <ul style="list-style-type: none"> Books, stationery | | |
| <ul style="list-style-type: none"> Depreciation | | |
| <ul style="list-style-type: none"> Travel | | |
| <ul style="list-style-type: none"> Other (please specify) | | |

DEDUCTIONS

Please supply us with details:



| | YES | NO |
|--|-----|----|
| Other Work Related Expenses | | |
| Home office expenses | | |
| <ul style="list-style-type: none"> 1/07/2023-30/06/2024 Actual hours working from home | | |
| Computer and software | | |
| Tools and equipment | | |
| Subscriptions and union fees | | |
| Journals/periodicals | | |
| Depreciation | | |
| Seminars and courses not at an education institution | | |
| <ul style="list-style-type: none"> Course fees | | |
| <ul style="list-style-type: none"> Travel | | |
| <ul style="list-style-type: none"> Other (please specify) | | |
| Any other work related deductions (please specify) | | |
| | | |
| Other Types of Deductions | | |
| Low value pool deduction | | |
| Interest deductions | | |
| Dividend deductions | | |
| Gifts or donations | | |
| Cost of managing tax affairs | | |
| | | |
| Personal Superannuation contributions | | |
| Full Name of Fund: Account Number: | | |
| Fund TFN: Fund ABN: | | |
| <ul style="list-style-type: none"> Have you provided the fund a notice of intention to deduct the contribution? | | |
| <ul style="list-style-type: none"> Has this notice been acknowledged by the fund? | | |
| Other deductions (please specify) | | |
| | | |
| Tax Losses | | |
| Tax losses of earlier income years | | |

TAX OFFSETS / REBATES

Please supply us with details:



| | YES | NO |
|--|-----|----|
| Are you a senior Australian or pensioner? | | |
| Did you receive an Australian superannuation income stream? | | |
| Did you make superannuation contributions on behalf of your spouse? | | |
| Did you live in a remote area of Australia or serve overseas with the Australian Defence Force or the UN Armed Forces in 2024? | | |
| Did you maintain a dependent who is unable to work due to invalidity or carer obligations? | | |
| Are you entitled to claim the landcare and water facility tax offset? | | |
| Other non-refundable tax offsets (please specify) | | |
| Other refundable tax offsets (please specify) | | |

OTHER RELEVANT INFORMATION



| | YES | NO |
|--|-----|----|
| Medicare Levy and Medicare Levy Surcharge | | |
| Are you entitled to the Medicare Levy Exemption or Reduction in 2024? If yes, please specify | | |
| For the entire 2024 income year, were you and all of your dependants (including your spouse) covered by the appropriate private health insurance hospital cover? | | |
| | | |
| Private Health Insurance Policy Details | | |
| Do you have the details of your private health insurance policy details? | | |
| If Yes – please provide details below – which can be obtained from your private health insurance statement | | |
| <ul style="list-style-type: none"> Health Insurer ID: | | |
| <ul style="list-style-type: none"> Membership Number: | | |
| <ul style="list-style-type: none"> Share of premiums eligible for Australian Government Rebate (label J) | | |
| <ul style="list-style-type: none"> Australian Government Rebate received (label K) | | |
| <ul style="list-style-type: none"> Benefit Code (Label L on statement) | | |
| | | |
| Adjustments | | |
| Were you under the age of 18 on 30 June 2024 | | |
| Did you become an Australian tax resident at any time during the 2024 income year? | | |
| Did you cease to be an Australian resident at any time during the 2024 income year? | | |
| Did you make a non-deductible (non-concessional) personal super contribution in 2024? | | |
| Did a trust or company distribute income to you in respect of which family trust distribution tax was paid by the trust or company? | | |
| Were you on a 417 or 462 working holiday visa at any time during 2024 year? | | |
| <ul style="list-style-type: none"> If yes, please specify the working holiday maker net income | | |
| | | |
| Income tests information | | |
| Do you have any total reportable fringe benefits amounts in 2024? | | |
| Do you have any reportable employer superannuation contributions in 2024? | | |
| Did you receive any tax-free government pensions in 2024? | | |
| Did you receive any target foreign income in 2024? | | |
| Did you have a net financial investment loss in 2024? | | |
| Did you have a net rental property loss in 2024? | | |
| Did you pay child support in 2024? | | |
| Did you have dependent children in 2024? | | |
| <ul style="list-style-type: none"> If yes, how many? | | |

OTHER RELEVANT INFORMATION (cont)



| | YES | NO |
|--|-----|----|
| Spouse Details – married or de facto (including same sex) | | |
| Did you have a spouse for the full year from 1 July 2023 to 30 June 2024? | | |
| <ul style="list-style-type: none"> 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 ___/___/___ | | |
| <ul style="list-style-type: none"> Did your spouse die during the 2024 income tax year? | | |
| <ul style="list-style-type: none"> What is your spouse’s name and date of birth? (if you had more than one spouse during 2024, provide the name of your spouse on 30 June 2024 or your last spouse) Name: DOB: | | |
| <ul style="list-style-type: none"> Did your spouse (named above) have taxable income for the 2024 income year? If yes, what was the amount? \$..... | | |
| <ul style="list-style-type: none"> Did your spouse have a share of trust income on which the trustee is assessed under S.98 of the ITAA36 not included in your spouse’s taxable income for 2024? If yes, what was the amount? \$..... | | |
| <ul style="list-style-type: none"> Did a trust/company distribute income to your spouse in 2024 in respect of which family trust distribution tax was paid by the trust/company? If yes, what was the amount? \$..... | | |
| <ul style="list-style-type: none"> Did your spouse have reportable fringe benefits amounts for the 2024 income year? If yes, what was the amount? \$..... | | |
| <ul style="list-style-type: none"> Did your spouse receive any Australian Government pensions or allowances (not including exempt pension income) in the 2024 income year? If yes, what was the amount? \$..... | | |
| <ul style="list-style-type: none"> Did your spouse receive any exempt pension income in the 2024 income year? If yes, what was the amount? \$..... | | |
| <ul style="list-style-type: none"> Does your spouse have any reportable super contributions for the 2024 income year? If yes, what was the amount? \$..... | | |
| <ul style="list-style-type: none"> Did your spouse receive any tax-free government pensions paid? If yes, what was the amount? \$..... | | |
| <ul style="list-style-type: none"> Did your spouse receive any “target foreign income” in the 2024 income year? If yes, what was the amount? \$..... | | |
| <ul style="list-style-type: none"> Did your spouse have a total net investment loss (ie. the financial investment loss/rental property loss) for 2024? If yes, what was the amount? \$..... | | |
| <ul style="list-style-type: none"> Did your spouse pay child support during 2024? If yes, what was the amount? \$..... | | |

OTHER RELEVANT INFORMATION (cont)



| | YES | NO |
|---|-----|----|
| Spouse Details – married or de facto (including same sex) | | |
| <ul style="list-style-type: none"> If your spouse is 55-59 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? If yes, what was the amount? \$..... | | |
| Other | | |
| Do you have a HECS/HELP liability or a student financial supplement loan debt? | | |
| Do you have a loan with a private company or have such a loan amount forgiven? (If yes, please specify) – (reviewer consider if deemed dividend in year under Division 7A): | | |
| Did you receive any benefit from an employee share acquisition scheme? | | |

Dated the day of 202.....

.....
Signature of Taxpayer

.....
Name (Print)

TAX RETURN SUPPORTING WORKSHEET

| Salary and Wages | 1 |
|--|--------------------------|
| Main Occupation | |
| Payer's ABN | |
| Tax Withheld: \$..... | Gross Payment: \$..... |
| Income Statement Attached? | YES / NO (please circle) |
| Reportable Fringe Benefits | \$..... |
| Reportable Employer Superannuation Contributions | \$..... |

| Salary and Wages | 2 |
|--|--------------------------|
| Main Occupation | |
| Payer's ABN | |
| Tax Withheld: \$..... | Gross Payment: \$..... |
| Income Statement Attached? | YES / NO (please circle) |
| Reportable Fringe Benefits | \$..... |
| Reportable Employer Superannuation Contributions | \$..... |

| Salary and Wages | 3 |
|--|--------------------------|
| Main Occupation | |
| Payer's ABN | |
| Tax Withheld: \$..... | Gross Payment: \$..... |
| Income Statement Attached? | YES / NO (please circle) |
| Reportable Fringe Benefits | \$..... |
| Reportable Employer Superannuation Contributions | \$..... |

Details of Work Related Expenses

| Date Incurred | Description | Amount (\$) |
|---------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |

TAX RETURN SUPPORTING WORKSHEET (cont)

Details of Interest Received

| Bank | Branch | Account No | Amount (\$) | Joint Names |
|------|--------|------------|-------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Details of Dividends Received

| Company | Date Paid | Unfranked Dividends (\$) | Franked Dividends (\$) | Imputation Credits (\$) | TFN Amount (\$) |
|---------|-----------|--------------------------|------------------------|-------------------------|-----------------|
| | | | | | |
| | | | | | |
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| | | | | | |

Details of Trust Distributions

| Trust | Franked Distribution (\$) | Franking Credits (\$) | Trustee Tax (\$) | TFN Amount (\$) | Capital Gain (\$) | Foreign Source (\$) |
|-------|---------------------------|-----------------------|------------------|-----------------|-------------------|---------------------|
| | | | | | | |
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NOTES AND REVIEW POINTS

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| Notes |
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Dated the day of 20.....

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Signature of Reviewer

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Name (Print)