

Tax Checklist

Full Name		Preferred Name	
Date of Birth		Tax File Number (TFN)	
Home Address			
Postal Address			
Email Address			
Occupation			
Spouse's Name		Spouse's Date of Birth	
Spouse's Taxable Income		Spouse's TFN	
Dependent Children Names & DOB			
Bank Account that you want your tax refund paid into (EFT tax refunds are mandatory)			
Bank			
Account Holder			
BSB			
Account Number			

WHAT TIME SUITS YOU?	HOW SHOULD WE CONTACT YOU?
(Please tick your preferred time for us to contact you)	(Please complete your preferred contact option)
<input type="checkbox"/> Normal Office Hours (8am – 5pm)	<input type="checkbox"/> Home:
<input type="checkbox"/> 7.00am – 8.00am	<input type="checkbox"/> Work:
<input type="checkbox"/> 12.00pm – 1.00pm	<input type="checkbox"/> Mobile:
<input type="checkbox"/> 5.00pm – 7.00pm	<input type="checkbox"/> Email:
<input type="checkbox"/> Anytime	
<input type="checkbox"/> No Phone Interview Please	
<p>By completing and returning this checklist, I authorise Guardian Accounting to prepare my income tax return based upon information provided in this checklist and otherwise. I further agree to the engagement terms available to view at http://guardianaccounting.com/tax/engagement-terms/</p>	

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Please use the following Checklist to assist in providing the relevant information, and tick the box if you have included the information

NEW CLIENTS only		WORK RELATED EXPENSES	
<input type="checkbox"/>	Copy of last years tax return	<input type="checkbox"/>	Motor Vehicle (Fuel, Rego, Insurance, Maintenance, Lease)
<input type="checkbox"/>	Copy of last years Notice of Assessment	<input type="checkbox"/>	Motor Vehicle Log Book
<input type="checkbox"/>	Copy of your PAYG instalment notices for 2014/2015	<input type="checkbox"/>	Motor Vehicle Details (Make & Model & Engine Capacity)
<input type="checkbox"/>	Last Year's Tax Agent Fee	<input type="checkbox"/>	Overnight Travel & Accommodation
<input type="checkbox"/>	Name of person that referred you to Guardian Accounting	<input type="checkbox"/>	Self Education
<u>INCOME</u>		<input type="checkbox"/>	Books/Magazines/Stationery
<input type="checkbox"/>	PAYG Payment Summary (Group Certificate)	<input type="checkbox"/>	Telephone/Mobile/Internet
<input type="checkbox"/>	ETP Summary (if you left an employer)	<input type="checkbox"/>	Tools & Equipment
<input type="checkbox"/>	Centrelink Pension & Allowances	<input type="checkbox"/>	Clothing & Laundry
<input type="checkbox"/>	Interest Received (check your bank statements)	<input type="checkbox"/>	Home Office & Computer
<input type="checkbox"/>	Details of Investments Sold	<input type="checkbox"/>	Subscriptions & Memberships
<input type="checkbox"/>	Dividend Notices	<input type="checkbox"/>	Seminars & Training
<input type="checkbox"/>	Managed Fund Tax Statements	<input type="checkbox"/>	Donations
<input type="checkbox"/>	Other Income	<input type="checkbox"/>	Superannuation Contributions (if self-employed)
<u>RENTAL PROPERTY (per property)</u>		<input type="checkbox"/>	Other Expenditure
		<u>REBATES & OTHER</u>	
<input type="checkbox"/>	Purchase Date	<input type="checkbox"/>	Private Health Insurance Annual Tax Statement
<input type="checkbox"/>	Purchase Price	<input type="checkbox"/>	HECS/HELP/SFSS Debts
<input type="checkbox"/>	Property Address	<input type="checkbox"/>	Name & DOB of all dependent children under 21
<input type="checkbox"/>	Number of weeks rented	<input type="checkbox"/>	
<input type="checkbox"/>	Date first available for rent	<input type="checkbox"/>	
<input type="checkbox"/>	Total Rent Received (include Agent statements is available)	<input type="checkbox"/>	
<input type="checkbox"/>	Your ownership %	<input type="checkbox"/>	
<input type="checkbox"/>	<u>Expenditure</u>	<input type="checkbox"/>	Child Support You Paid
<input type="checkbox"/>	Agent fees	Any other comments?	
<input type="checkbox"/>	Insurance		
<input type="checkbox"/>	Rates		
<input type="checkbox"/>	Repairs & Maintenance (please provide details)		
<input type="checkbox"/>	Body Corporate		
<input type="checkbox"/>	Borrowing costs		
<input type="checkbox"/>	Land Tax		
<input type="checkbox"/>	Loan Interest		
<input type="checkbox"/>	Phone/Internet		
<input type="checkbox"/>	Postage & Stationery		
<input type="checkbox"/>	Travel Expenses		
<input type="checkbox"/>	Depreciation Schedule (if available)		
<input type="checkbox"/>	Improvements & Renovations		
<input type="checkbox"/>	Other Expenditure		

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