



ADAM HUNTER PTY LTD.

TAX TIME CHECKLIST

In order to complete your Income Tax Return in a timely manner please complete the following fact sheet and forward to our office along with your tax source documents.

Financial Year Ended 30 June _ _ _ _

YOUR DETAILS:

	Individual 1	Individual 2
Full Name		
Date of Birth		
Tax File Number		
Occupation		
Your spouse's Name		
Spouses Taxable income		
Dependants Details	Name: DOB: Name: DOB: Name: DOB: Name: DOB:	Name: DOB: Name: DOB: Name: DOB: Name: DOB:
Residential Address		
Postal address		
Email		
Phone	Hm: Wk: Mobile:	Hm: Wk: Mobile:
Fax	Hm: Wk:	Hm: Wk:

OTHER DETAILS:

What year was your last tax return lodged? :

Please forward along with this sheet the following documents:

- Most recent Tax Return Lodged (NEW CLIENTS ONLY)

TAX RETURN REQUIREMENTS

The completion of this form will minimise preparation time, and ensure costs are kept to a Minimum. To ensure your returns are completed in a timely manner. Please forward this paperwork to our office, along with all supporting tax documents.

Group Certificates received:

Yes / No

This information can be requested from your employer

Name of Employer	Start Date	End Date	\$ Withheld	\$ Gross Pay
			\$	\$
			\$	\$

Interest received:

Yes / No

This information can be requested from the bank

Owner	Bank Name	A/C Number	\$ Amount
			\$
			\$

Dividends received:

Yes / No

Please supply BOTH interim and final dividend advice statements

Owner	Company	\$ Unfranked	\$ Franked	\$ Imp Credit	Dividend Statement(s)
					<input type="checkbox"/> Attached
					<input type="checkbox"/> Attached
					<input type="checkbox"/> Attached
					<input type="checkbox"/> Attached
					<input type="checkbox"/> Attached

Motor Vehicles: Private (personal use only) vehicle expenses

Do you use your motor vehicle for work purposes? If so, please provide details of your vehicle and the number of kilometres which relate to your employment duties.

Make & Model & Rego	Engine Size (litres)	Work-related kms travelled (home to work, and vice versa, does not count)

Work Related Travelling Expenses:

Yes / No

Please attach any receipts you have in relation to these expenses.

If these were reimbursed by your employer, then they cannot be claimed in your tax return.

Destination	# days In year	Flight Expenses	Accommodation Expenses	Meal Expenses
		\$	\$	\$
		\$	\$	\$

Personal Superannuation Contributions:

Yes / No

Please attach your Personal Super Deduction form (provided by your super fund)

Name of Policy Holder	Fund Name	Membership no	Super Deduction Form
			<input type="checkbox"/> Must be Attached
			<input type="checkbox"/> Must be Attached

Income Protection Insurance:

Yes / No

Please attach Tax Invoice or Policy Document

Name of Policy Holder	Insurance Company	Policy no	Tax Invoice or Policy Document
			<input type="checkbox"/> Must be Attached
			<input type="checkbox"/> Must be Attached

Private Health Insurance:

Yes / No

Please Provide Annual Member Statement

Fund Name	Membership Number	Type of Cover Hospital, Ancillary, Combined	Members Covered	Annual Member Statement
				<input type="checkbox"/> Attached
				<input type="checkbox"/> Attached

OTHER SCHEDULES

Capital Gains

Did you sell Shares:

Yes / No

If yes, please attach the relevant documents for each share:

- Purchase documents (to determine cost base) **Attached**
- Sale documents (to determine proceeds on sale) **Attached**

Did you sell "Rental" Property:

Yes / No

Did you sell any rental/business property during the year?

If yes, please attach the following, including Offer & Acceptance and settlement documents

- Purchase documents (to determine cost base) **Attached**
- Sale documents (to determine proceeds on sale) **Attached**

Rental property:

Are you renting out a property?

Yes / No

Do you have a property Agent?

Yes / No

(If you are renting through an agent, please provide us with the agent statements) **Attached**

Address:	Cost Price:	Date Purchased:
	INCOME	
	\$	
Rental Income		<input type="checkbox"/> Attached
Other Income		<input type="checkbox"/> Attached
	EXPENSES	
	\$	
Insurance		<input type="checkbox"/> Attached
Council Rates		<input type="checkbox"/> Attached
Water Rate		<input type="checkbox"/> Attached
Water Consumption		<input type="checkbox"/> Attached
Repairs and Maintenance		<input type="checkbox"/> Attached
Land Tax		<input type="checkbox"/> Attached
Management Fees		<input type="checkbox"/> Attached
Interest (inc bank statements)		<input type="checkbox"/> Attached
		<input type="checkbox"/> Attached
		<input type="checkbox"/> Attached
		<input type="checkbox"/> Attached

NEW CAPITAL / ASSET PURCHASES

Description	\$ TOTAL (exc GST)	Date of purchase

Business Schedule (sole trader):

Are you registered for GST?

Yes / No

Entity Name (legal name)	
Registered Trading Name	
Tax File Number (TFN)	
Australian Business Number (ABN)	
Australian Company Number (ACN)	

Method of Keeping Records:

Software Programme	Version
MYOB	
Quickbooks	
Cash flow Manager	
Other	
Manual System	

PLEASE RETURN TO:

ADAM HUNTER PTY LTD
PO BOX 3269
BLUFF POINT WA 6530