

INFORMATION FOR TAX RETURN CHECKLIST

For year ended 30th June 2013

NAI	ME:	OCCUPAT	ION:
РН	ONE NO. DAYTIME:	AFTER HO	ours:
EM	AIL ADDRESS:		
NAI	MES OF DEPENDANT CHILDREN AND SPOUSE	DA	TE OF BIRTH
IN	COME:		
1.	PAYG Payment Summary (including pensions	s) Yes	□ No □
	Number of certificates attached		
2.	Other Salary income: (includes any directors' f	ees, commissions e	etc.)
3.	Termination Payments (if you received a lutermination Statement – ETP Statement)	mp sum terminati	on please provide Employment
	Applicable Y	es 🗌 No 🗆	
4.	Drawings from Superannuation Fund		
	If you are under 60 years old as at June 30, 2013 superannuation fund please provide details below		ions or lump sums from your

5. **Interest** (money received on your bank accounts)

Name of Bank	Account No.	Total Interest Received \$	TFN	Withholding \$	Joint Account?
more accounts ea	rned interest duri	g the year please con	plete atta	ched <u>schedule</u> .	•
the dividend re	investment plan	nd statements of income property of the proper	ou don't p	hysically get the	e money in the ban
Name of St	nares	# of Shares Held		Amou	nt Received \$
		g the year please com	•		
Trusts and Pa	a rtnerships : (i.e rship – Please p	g the year please comexample of trusts is footing	BT funds,	Merrill Lynch,	AXA etc.). Name c
Trusts and Patrust or partner income from the Capital Gain:	artnerships: (i.e.rship – Please perfunds you list.	example of trusts is I	BT funds, luding ye	Merrill Lynch, A	AXA etc.). Name of tatements) to show
Trusts and Patrust or partner income from the Capital Gain: 20 September 1	artnerships: (i.e.rship – Please perfunds you list.	example of trusts is lovide documents (incoments)	T funds, luding ye	Merrill Lynch, Andread Par end Tax S	AXA etc.). Name of tatements) to show
Trusts and Patrust or partner income from the Capital Gain: 20 September 1 Applicable	ertnerships: (i.e. ship – Please perfunds you list. Did you sell any a 985.	example of trusts is I	T funds, luding ye	Merrill Lynch, American end Tax S which were ac	AXA etc.). Name of tatements) to show
Trusts and Patrust or partner income from the	ertnerships: (i.e. ship – Please prefunds you list. Did you sell any a 985. See provide documented etc. Pe: Please attackase supply settler ald you require the	example of trusts is Individe documents (individe documents)	T funds, luding year property Notes purchase docurry Survey	Merrill Lynch, A ear end Tax S which were accommodated with the second	AXA etc.). Name of tatements) to show equired on or after also documents of the estimates in their separates acquired after 1

	ome : (Any income you received in the financial year which doesn't fit into any of the s - please provide details.)
DEDUCTIONS efer to tax tips for	S: Please ensure you are able to substantiate all claims, even if less than \$300. more information.
Motor Vehicle	: Did you use your own car for business / work purposes through the year:
Yes	No 🗌
If yes then pleas	se provide one of the following:-
In general, a log b Please provide	<u>- Business % use</u> (please ensure you keep a log book for a continuous period of 12 weeks. book will remain valid for 5 years.) details of all expenses you incurred over the financial year including fuel, repairs / gistration / insurance etc.
	an for the vehicle, please provide details of the interest you paid over the year and ar, and if you have a hire purchase please provide a copy of the purchase contract.
If you had a leas	se for your vehicle please provide figures of your lease payments.
	d: You haven't kept a log book but use your car for work. Let us know how many would have travelled for work. The maximum the tax office allows you to claim is 5000
Kilometres:	
Car Engine Size	: (in litres e.g. 1.6 litres):
1/3 rd Business Use you have not ke	e/12% Method: Did you travel more that 5,000 business kilometres during the year [but pt a log book]?
Yes	No 🗌
If yes, please co	ntact your client manager to discuss the other options available.

Seminar costs or self education	2.	Work Uniform: Do you have to wear a logo uniform or protective clothing?					
3. Other Work Related Deductions:- Please provide receipts or statements showing expenditure. Diary / stationery / work materials Union fees / professional bodies Sickness & accident insurance / income protection Donations / school building fund Seminar costs or self education 4. Other: (Any costs you incurred that were directly related to your job). Please provide details.		Yes No No					
Please provide receipts or statements showing expenditure. Diary / stationery / work materials Union fees / professional bodies Sickness & accident insurance / income protection Donations / school building fund Seminar costs or self education 4. Other: (Any costs you incurred that were directly related to your job). Please provide details.		If yes were you out of pocket through the year for purchasing any new items (if so please provide					
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□ Union fees / professional bodies □ Sickness & accident insurance / income protection □ Donations / school building fund □ Seminar costs or self education □ 4. **Other*: (Any costs you incurred that were directly related to your job). Please provide details. **Note: If you have attended University now or in the past and are paying off your fees through*	3.						
□ Sickness & accident insurance / income protection □ Donations / school building fund □ Seminar costs or self education 4. Other: (Any costs you incurred that were directly related to your job). Please provide details. Note: If you have attended University now or in the past and are paying off your fees through		□ Diary / stationery / work materials					
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4. Other: (Any costs you incurred that were directly related to your job). Please provide details. Note: If you have attended University now or in the past and are paying off your fees through		□ Donations / school building fund					
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 	4.						
 							
 							
							
		ote: If you have attended University now or in the past and are paying off your fees through ECS/HELP then please provide us with your HECS/HELP statement to include in your return.					

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REBATES:-

1)	Pr	ivate Health Insurance:-				
	Do	you have private health insurance	Yes	No 🗌		
		please provide us with copy of the health fund statemer al year, this will tell us if you are entitled to a rebate.	nt they send you afte	r the end of the		
2)	Sp	oouse				
	•	Did you have a spouse for the full financial year Is your spouse dependant Does your spouse receive any of the following benefits from	Yes ☐ Yes ☐ m Centrelink:	No 🗌		
		Family Tax Benefit Part A Family Tax Be	enefit Part B			
	What date was your spouse born?// Details of benefits					
3)	Su	perannuation:				
	a)	Are you self employed, if yes please provide details superannuation for the financial year.	of contributions you	ı made to your		
	b)	Have you made any personal contributions to your supentitled to super co-contributions (conditions apply). We tax return as the process to claim this is automatic betwee your superfund upon lodgement of your tax return.	do not require any info	ormation for your		
	c)	Have you made superannuation contributions on behalf of	your spouse?			

4)	Medical Expenses : You may be entitled to a rebate if your out of pocket medical expenses exceed \$2,120.00. (This means if you are in a private health fund, the portion of which you don't get money back.) (Medical Expenses can include dental, optical etc, but cannot include any cosmetic work. Please contact your client manager for more details.)
	If the total medical expenses exceed \$2,120.00 you may be entitled to a rebate on the amount over the \$2,120 threshold if your adjusted taxable income for rebates does not exceed the thresholds.
	Please provide a summarised total of your expenses (the out of pocket amounts only).
5)	OTHER: Any other information which you are unsure of, or which you would like us to be aware of :

Contact us

Stephens Accounting Services

Address: 10 Radstock Place

Tingalpa QLD 4173

Postal: PO Box 9371, Wynnum West Qld 4178

Phone: 07 38902672

Mobile: 0411099876

Fax: 07 38901909

Email: admin@mesaimie.com.au

INTEREST RECEIVED

Name of Bank	Account No.	Total Interest Received \$	TFN Withholding \$	Joint Account?
TOTAL				

DIVIDENDS RECEIVED

Name of Company	<u>Unfranked</u> <u>Amount</u>	Franked Amount	Imputation Credit	TFN Tax withheld
Total				