2025 Individual Income Tax Return Checklist

NAME													
HOME ADDRESS													
POSTAL ADDRESS													
EMAIL													
YOUR TFN						DATE C	F BIF	RTH					
MOBILE				HOME					WORK				
WOBIEL			De	ank Deta	ilc	For Tay	Pof	und	WORK				
			Do	ank Deta	1115			una		=			
Account Name	Bank Name												
BSB	Account Number												
PLEASE NOTE OUR STANDARD TAX RETURN FEE STARTS FROM \$385.													
KINDLY "X" IF YOU WOULD LIKE YOUR FEE TO BE DEDUCTED FROM YOUR REFUND.													
Employment Income – Please provide evidence													
Please note: Your Inc Please provide evide									-	al gains)	\$		
Deductions – Please provide evidence													
WORK-RELATED CAR	EXPENSES		Jear 400			ise prov		evidence					
☐ Km's travelled			ached w	unrksheet				na hook - P	lease com	olete attacl	ned wor	ksheet	
WORK-RELATED TRAY		•	denea vi							orete attaci	ica wor	KSITECT	
Train/Bus/Ferry/Taxi/U		\$		Conferer	nce/	'Seminar	\$		Domestic/	'Internationa	l fares	\$	
WORK-RELATED CLO		1 ·	DRY CI	1			ļ ·		Bomestic			, ,	
Protective clothing (PP	-			\$			on sp	ecific clothi	ng			\$	
Compulsory uniform (d	stinctive to	your organis	ation)	\$				nses (up to \$		t receipts)		\$	
Dry cleaning expenses				\$		Mending	/repa						
WORK-RELATED SELF	-EDUCATI	ON EXPENSE	ES										
Course Fees \$		Stationery		\$		Travel		\$		Books		\$	
OTHER WORK-RELAT		SES – Please	provide	e receipts	for	_			nd indicate		e of bus	iness u	ise
Home office Stationery		\$		T		Home of	fice u	tilities		\$			%
Home office internet		\$		%		Computer & Software			\$			%	
Telephone/Mobile Pho		\$			% Tools		Equipment		\$			%	
Working from home ho		specify per w	/eek/moi	nth)									
OTHER TYPES OF DEL		·c		\$		Gifts		\$		Union Fees		\$	
Donations – please provide receipt Tax Agent Fee \$		1		Subscriptions		\$	Financing lease state		lease stater			\$	
		itigation costs		\$		Income Protection Insurance				\$			
	'		_		; _		orov	ide evide	nce				
Tax offsets/rebates — Please provide evidence □ Zone details — if you live in a remote area, you may be eligible for an offset □ Superannuation pension rebates □ Sole parent/spouse/housekeeper/low income □ Imputation credit information from dividend statement													
Spouse details (name, income, DOB etc.)													
Dependants' details (name, DOB, and legal responsibilities)													
Investment Property													
☐ Provide Real Estate Agent's Summary or please complete attached <i>Residential Rental Property checklist</i>													
Signed:		Print	Print Name:			Date:							

2025 Residential Rental Property Checklist

RENTAL DETAILS	
period (i.e. the financial year in which the information relates to)	
tax file number of the taxpayer	
full name of the taxpayer	
address of the rental property	
date the property first earned rental income	
start and finish dates during the year when the property was rented	
number of weeks the property was rented out in the current financial year	
date of acquisition of the rental property	
date of sale of the rental property (if sold in the current year).	
private use %	
INCOME (EXCLUDE CENTS ON ALL AMOUNTS)	
rental income	\$
other rental related income	\$
gross rent	\$
EXPENSES (EXCLUDE CENTS ON ALL AMOUNTS)	
advertising expenses	\$
owner's corporation (body corporate) fees	\$
borrowing expenses	\$
cleaning expenses	\$
council rates	\$
the decline in value of a depreciating asset used in a rental property	\$
gardening and lawn mowing expenses	\$
insurance expenses	\$
interest expenses on loans	\$
land tax expenditure	\$
legal expenses	\$
pest control expenses	\$
property agent fees or commission expenses	\$
repairs and maintenance expenses	\$
capital works deductions	\$
stationery, telephone and postage expenses	\$
water charges	\$
sundry rental expenses	\$
Total expenses	\$
Net rent	\$

Log book method worksheet

Tax	payer's name		
Tax	file number		
Yea	er ended		
Тур	pe of motor vehicle		
Re	gistration number		
Cai	· details		
1.	Over what period was the car held during the year	r of income?	
	To		
2.	If you owned one or more car(s) during the year car:	of income, please provide the fo	ollowing details for each
	Make/model	Registration number	er
Caı	1:		
Caı	· 2:		
Cai	· 3:		
Cui	··		
Lc	g book expenses		
	Total operating cost of the car:		
Pet	rol and oil		\$
De	preciation/lease charge		\$
Re	gistration		\$
Ins	urance		\$
Au	tomobile club membership		\$
Re	pairs and maintenance		\$
Int	erest charges		\$
Otl	ner	\$	
		\$	\$
В.	Total operating cost of the car \$		
C.	Less: Car parking and bridge/road tolls		\$
Sul	o-total		\$
D.	Less: input tax credits on car expenses that ta	xpayer can claim (if any)	\$
Ε.	Total car operating expenses	\$	
F.	Business use % x %		
c 7	Total claim under Log Rook method		ė

Cents per kilometre worksheet

Taxpayer's name			
Tax file number			
Year ended			
Type of motor veh	icle		
Registration numb			
Car details			
1. Over what peri	od was the car held during	g the year of income?	
	To		
2. If you owned o car:	ne or more car(s) during t	he year of income, please provide	the following details for each
Make/mod	el	Registration n	umber
Car 1:		<u> </u>	
Car 2:			
Car 3:			
3. How many bu	siness kilometres did th	ne car travel during the year of i	ncome?
	Kilome	tres	