**YEAR END CHECKLIST**

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**Your Details**

**Have details such as your home address, email, etc changed in the last 12 months?**

If Yes, please complete below:

|  |  |
| --- | --- |
| Business Address |  |
| Home Address |  |
| Postal Address |  |
| Email Address |  |
| Mobile Number |  |

**Have your bank account details changed during the year?**

If Yes, please complete below:

|  |  |  |
| --- | --- | --- |
| Account Name | BSB Number | Account Number |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*Note: We may contact you to verify this is your nominated account*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Business Checklist**

* **Please ensure that your software file is reconciled to 30 June.**  If you do not have a software file, please provide business income and expense summary.
* **Please supply us with your 30 June bank and loan statements as at 30 June**
* **Do you have any business debtors (including bad debts) and/or creditors that are not listed in your software file?** If so, please attach a debtor and/or creditor listing at the end of the year.
* **Did you have any trading stock at 30 June?** If so, please provide the value of closing stock at 30 June
* **Did you purchase, sell or scrap any assets that is not recorded in your software file?** If so, please provide a list of asset purchase, sell and obsolete.
  + If you have a software file, please ensure the asset description in your file is clear so we can workout the best tax outcome for you.
* **Do you have any part-private owned motor vehicles?** If Yes, please provide logbook or advice the number of kilometre travelled for each vehicle
* Please provide any additional information you think we may need.

**Individual Checklist**

**INCOME**

* **Did you receive salary or wages?** If Yes, please confirm your employer has advised your Income Statement is "Tax Ready".
* **Did you receive any travel and meal allowance?** If Yes, please confirm if you have incurred the cost reimbursed so we can work out the best tax outcome for you.
* **Did you receive any interest on personal bank accounts and/or term deposits?** If Yes, please ensure you have supply your TFN details to your bank/financial institution. Alternatively, please provide annual interest report/s provided by the bank.
* **Do you own any investments (e.g. shares, managed funds) or receive a distribution from a trust or partnership?** If Yes, please attached the dividend or annual tax statement for our records.
* **Did you purchase or sell any shares and cryptocurrencies? If Yes, please provide copy of the purchase and sale settlement.** We might request you to supply your cost base information if the assets sold were held more than 5 years old.
* **Did any family members receive benefits from Services Australia (previously Centrelink) during the year?** If Yes, please advise the type of benefit received.
* **If you received any business income or expenses, please provide a summary.**
* Please provide any additional information you think we may need.

**DEDUCTIONS**

For any work-related expenses not reimbursed through your employer:

* **Did you use your own car for work or business purposes?** If Yes, please provide a copy of the motor vehicle logbook and details of all work-ed related expenses incurred during the financial year. Alternatively, please advise the kilometre travelled for work.
* **Did you have any work-related travel expenses (e.g meal, accommodation, flights, incidental expenses)?** If yes, please provide details.
* **Did you have any work-related clothing (e.g. protective gear, laundry and dry cleaning expenses for shirts with business logo)?** If yes, please provide details.
* **Did you have any work-related self-education expenses?** If yes, please provide details.
* **Did you have any other work-related expenses (e.g. professional subscriptions, training, etc)?** If yes, please provide details.
* **Did you make any gifts or donations to a tax-deductible charitable organisation?** If yes, please provide details or donation receipts
* **Did you make any personal superannuation contributions?** If yes, please provide the notice of deductibility from your superannuation fund.
* **Did you pay an income protection insurance premium? )?** If yes, please provide the annual tax statement.
* **Do you have a Private Health Insurance Fund?** If yes, please provide the annual tax statement.
* **Did you make any super contributions for your spouse?** If yes, please provide details.
* Please provide any additional information you think we may need.

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**Rental Property Checklist**

If you have a rental property, please complete below

* **If this is a new rental property, have you acquired a depreciation report?** If not, we recommend you do to maximise your tax deduction. If so, please supply us with a copy of the depreciation report and invoice.
* **Please supply any statements issued by your rental property managers/agents for the financial year.**
  + If you do not use a rental property manager/agent or have additional information, please complete the schedule below.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Property 1** | **Property 2** | **Property 3** |
| **Address** |  |  |  |
| **Income** |  |  |  |
| Rent |  |  |  |
| Expenses Recouped |  |  |  |
| Insurance Claims |  |  |  |
| Other Income: |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Expenses** |  |  |  |
| Advertising |  |  |  |
| Agent Commission |  |  |  |
| Bank Charges |  |  |  |
| Strata Levy |  |  |  |
| Electricity & Gas |  |  |  |
| Gardening |  |  |  |
| Inspection Costs |  |  |  |
| Insurance |  |  |  |
| Interest |  |  |  |
| Land Tax |  |  |  |
| Letting Fees |  |  |  |
| Rates – Council |  |  |  |
| Rates – Water |  |  |  |
| Repairs & Maintenance |  |  |  |
| Telephone |  |  |  |
| Other Expenditure: |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |