

2017 - 2018 ANNUAL TAX CHECKLIST - Individual

Please use this checklist and include with your accounting records to ensure that all relevant information is provided to enable us to complete your tax work. Where possible please scan and email your documentation to the applicable staff member.

Name(s):				
Please let u Printed co	(PDF format) @	orts provided to you:		
Please include	TAX RETURN INFORMATION de copies / originals of the following informatise may apply to you	Attached ation for each individual in your family.		
	nic Funds Transfer (EFT) se provide bank details for the account you v:	ı wish to have your refund credited to		
Accou	unt Name:			
BSB I	Number:			
Accou	unt Number:			
PaymDetailDivideManaIntereDetail	nent Summaries for any work performed nent Summaries for any Centrelink payments ils on allowances, directors fees etc earned end information (copies of dividend slips) aged funds (copies of Annual Tax Statements est received on personal bank accounts (copils of any FMD's withdrawn throughout the yeather income received	s) vies of statements)		
WorkPerso	ions related expenses (copies of receipts) related car expenses (see motor vehicle seconal superannuation contributions. ations (copies of receipts)	ction on page 2)		

Self education expenses (copies of receipts)

Details of any FMD's deposited throughout the year.

	 Capital Gains / Losses Details of shares or units purchased and sold during the year 				
	Details of other assets purchased and sold during the year				
	 Rental Properties Income details or property agent statements 				
	 Details on loans, showing interest on rental property Expenses relating to rental property Quantity Surveyors tax depreciation report (if applicable) 				
	 Period of rental for 2017/18 Address of Rental Property/s 				
	If purchased or sold during 2017/18, copies of the settlement statement and contract				
	 If you have not previously supplied MBS with your property purchase details, please provide them for us to keep on file for capital gains tax purposes 				
	Private Health Cover				
Include a copy of your Annual Health Cover statement as issued by your provider (Please include both sides of the document for identifying who is covered by the polynomials in the polynomials are considered.					
/IC	OTOR VEHICLE DETAILS				
	For those wishing to claim work related motor vehicle expenses you must have either a 12 week log book if travelling in excess of 5,000 business kms per year or a log of total business kms travelled for the year if less than 5,000 kms or a basis on which to determine business kilometres.				
	Log books must be completed at least every 5 years or if there are any changes to your circumstances				
	Note: We can supply you with a log book or they can be purchased from any local newsagency				
	If claiming in excess of $5,000$ kms please provide <u>all</u> expenses for your vehicle such as fuel, tyres and services, registration, insurance, repairs and maintenance, etc				
	If claiming less than 5,000 kms please complete the section below:				
	Make / Model:				
	Registration number:				
	Engine capacity:				
	Total business kms travelled this year:				