



Individual Information Checklist

Please use this document to help you collect all the necessary information for the completion of your personal tax return. Some of the questions may not be relevant to you or you may have special circumstances which are not listed here. If you have any questions, please contact our office to discuss your individual needs on (03) 9670 3434 or email tax@lifewealth.com.au

During peak tax periods our turnaround is 6-8 weeks from when we receive your documentation.

If your return is not required urgently, please indicate which period that would be suitable for you:

☐ Urgent ☐ 6-8 Weeks ☐ 8-10 Weeks ☐ 10-15 Weeks ☐ Anytime before Due Date

GIVEN NAME: _____ MIDDLE NAME: _____

SURNAME: _____ DATE OF BIRTH: _____

TAX FILE NUMBER: _____ OCCUPATION: _____

ADDRESS: _____

HOME PHONE: _____ MOBILE: _____

BANK ACCOUNT NAME*: _____

BANK BSB NUMBER*: _____ BANK ACC* NUMBER: _____

***COMPULSORY: Please supply spouse taxable income, include Reportable Fringe Benefits, Reportable Superannuation if the spouse is not a Lifewealth Client.**

EMAIL ADDRESS: _____

NAMES OF DEPENDENT CHILDREN & D.O.B

NAME OF SPOUSE OR PARTNER & D.O.B
(Includes same sex couples) *

***COMPULSORY: Please supply spouse taxable income, include Reportable Fringe Benefits, Reportable Superannuation.**

INCOME

ARE YOU AN EMPLOYEE?

(Including pensions)

YES ☐

NO ☐

If yes, your PAYG income summaries from your employers will be available via the ATO portal or MY GOV

OTHER INCOME (Includes any business income, director's fee, commissions etc)

INTEREST RECEIVED

NAME OF BANK	ACCOUNT NUMBER	TOTAL INTEREST RECEIVED \$	TFN WITHHOLDING \$	JOINT ACCOUNT?

DIVIDENDS

Please provide copies of dividend statements of Income received, including Dividend Reinvestment Plans (DRP)

NAME OF SHARES	NUMBER OF SHARES HELD	AMOUNT RECEIVED \$

TRUST AND PARTNERSHIPS

(Eg: BT funds, AXA etc) Name of trust or partnership -

Please provide **Annual Tax Statements**

CAPITAL GAIN

Did you sell any assets such as shares or property which were acquired after 20 September 1985?

Applicable YES ☐ NO ☐

If yes, please provide documentation of when it was purchased/cost and also documents on sale/funds received, etc.

RENTAL INCOME (including AIRBNB)

Please complete attached rental property statement checklist.

EMPLOYEE SHARE/OPTION SCHEME

Did you receive bonus shares/options from your current employer during 2021/2022?

YES ☐ NO ☐

If yes, please provide the related correspondences/documents received from the employer.

ANY OTHER INCOME

(Any Income you have received in the financial year that does not fit into any of the above categories. Please provide details.) ***Eg. Interest on any overseas bank accounts or any other foreign income received.***

Do you have any assets over \$50,000AUD outside of Australia?

YES ☐ NO ☐

DEDUCTIONS

Please ensure you are able to substantiate all claims, even if less than \$300.

MOTOR VEHICLE

Did you use your own car for business/work purposes through the year?

YES ☐

NO ☐

If yes, then please provide one of the following:

Log Book Method- Business % use (Please ensure you keep a log book for a continuous period of 12 weeks)

Please provide details of all expenses you incurred over the financial year including **fuel, repairs/maintenance, registration/Insurance** etc. In a spread sheet or itemised form and attach it to this checklist.

If you have a loan for the vehicle, please provide figures of your lease payments.

OR

Kilometres Method

You haven't kept a log book but use your car for work. Let us know how many kilometres you would have travelled for work. The maximum the tax office allows you to claim is 5000 Kilometres.

Car Registration Number: _____

Kilometres: _____

WORK UNIFORM

Do you wear:

YES ☐

NO ☐

- Protective clothing
- Uniform with a company logo
- Occupation specific clothing

If yes, were you out of pocket through the year for purchasing any new items. (If so please provide details)
Laundering and dry cleaning of clothing listed above are claimable.

SELF EDUCATION

Name of Course _____ Institution _____

How does it relate to your current employment/employer? _____

Fees (Excluding **HECS/HELP** debt) _____

Books/Stationery/Consumables _____

Travel _____

OTHER WORK RELATION DEDUCTIONS

Union fees/Professional bodies (List names and amounts)		
Diary/Printing/Postage/Stationery		
Books and Journals		
Seminar costs		
Sickness & Accident Insurance/ Income protection (Please supply a copy of the policy)		
Internet	Amount per month _____	Percentage used for work _____
Home Office Hours from 01/07/2022 - 30/06/2023	Hours per week _____	How many weeks _____
Mobile Phone	Amount per month _____	Percentage used for work _____
Outdoor workers (Sunglasses/Sunscreen/Hats)	Amount _____	Percentage used for work _____
Tools & Equipment-Over \$300 (List dates & percentage used or work purpose)		

OTHER

(Costs you incurred that was directly related to your job.)

Please provide details:

Income Protection Insurance	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how much did you pay \$ _____
-----------------------------	------------------------------	-----------------------------	---------------------------------------

GIFTS OR DONATIONS

Voluntary gifts of \$2 or more made to a Deductible Gift Recipient (DGR) Status Organization, please list the name of the organization and the amount donated. (This includes School Building Fund donations)

_____	_____
_____	_____

TAX OFFSETS

PRIVATE HEALTH INSURANCE

Do you have private health Insurance? YES ☐ NO ☐

Please confirm all your family members (including your spouse and children) were covered by private health insurance hospital cover YES ☐ NO ☐

SPOUSE OR PARTNERS TAXABLE INCOME*

(Includes same sex couples)

Did you have a spouse/partner for the full financial year? YES ☐ NO ☐

Does your spouse/partner receive any benefits from Centrelink? YES ☐ NO ☐

What was your spouse or partner's taxable income: \$ _____

SUPERANNUATION

a) Are you self employed? If yes, please provide details of contributions you made to your superannuation for the financial year.

b) Have you made superannuation contributions on behalf of your spouse?

OTHER

Any other information that we should be aware of: i.e. you are not entitled to Medicare Benefit, you are a student etc.

Please ensure that the information you have supplied is correct. The onus is on you the taxpayer to be able to / substantiate the information that you have supplied.

SIGNED: _____ DATE: _____ :



Rental Property Tax Checklist

Only rents received and expenses **paid** between 1 July and 30 June.

Owner Names & Ownership %:	
Address of Rental Property:	
Number of weeks property was rented this year:	

INCOME

Gross rental income	
Other rental related income	
Gross Rent	

EXPENSES

Advertising for tenants	
Body corporate fees (Strata Levies)	
Borrowing expenses	
Cleaning	
Council Rates	
Capital allowances (depreciation)	
Gardening/lawn mowing	
Insurance	
Interest on loans	
Land Tax	
Legal fees	
Pest control	
Property agent fees/commission	
Repairs and maintenance (R & M)	
(for R & M purchases greater than \$300 need details)	
Capital Work's Deduction (Building)	
Stationery, telephone and postage	
Travel expenses (Not allowed after 30/6/2017)	
Water charges	
Sundry rental expenses	
TOTAL EXPENSES	

NET RENT

--	--

For property purchased this financial year please provide the following:

Settlement Sheet
Bank Loan Offer
First Bank Statement
Transfer Title Documents
First Page Of The Contract For Sale
Depreciation Schedule (if any)