

## INCOME TAX RETURN 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](mailto:tax@lifewealth.com.au)

<b>PERSONAL DETAILS</b> (For new clients, please complete all fields)		
Name:	Financial Year:	
Phone No:	Occupation:	
Your Tax File Number:	Mobile:	
Email Address:	Your Date of Birth:	
Home Address:		
Postal Address:		
Full Name of Spouse:	Spouse's Date of Birth:	
Date of Marriage (if married during the year):	Spouse Taxable Income:	
If Lifewealth is not preparing your spouse's tax return, please provide us with their taxable income as their income may be required to be recorded in your tax return.	Number of dependent children:	
	Spouse's reportable superannuation contributions:	
	Spouse's reportable fringe benefits:	
<b>Your Bank Account Details</b> (to receive any tax refund electronically)		
<b>BSB (Must be 6 digits)</b>	<b>Account Number</b>	<b>Account Name</b>

### INCOME DETAILS

- **Payment Summaries** (Group Certificates)

Number of payment summaries attached: \_\_\_\_\_ Yes  No

- **Other Salary Income** (includes any directors' fees, commissions, tips etc)

\_\_\_\_\_

\_\_\_\_\_

- **Termination Payments** (if you received a lump sum termination payment, please provide the ETP Payment Summary)

\_\_\_\_\_

\_\_\_\_\_

## INTEREST

Name of Bank	Account No.	Total Interest Received	TFN Withholding	Joint Account?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

## DIVIDENDS

- Is your investment portfolio managed by Lifewealth? Yes  No   
If yes, please processed to Trust & Partnership (below)

If no, kindly provide a copy of all your dividend statements for 2020-2021

Name of company	No. Shares held	Franked	Unfranked

## TRUST & PARTNERSHIP INCOME

- Trust and Partnership income includes distributions received from any Family Trust, Unit Trust, Managed Funds and/or Partnerships with any other entities.

Trust / Partnership / Managed Funds	Tax Statement Attached (please tick)
<i>e.g. Evans &amp; Partners</i>	<input type="checkbox"/>
<i>e.g. ASGARD</i>	<input type="checkbox"/>

## CAPITAL GAINS

- Did you sell any investment assets (such as Listed Shares, Investment Property etc) during the year ended 30 June 2021?

Investment Asset sold	Tax Statement Attached (please tick)
<i>e.g. Listed Shares</i>	<input type="checkbox"/>
	<input type="checkbox"/>

**BUSINESS INCOME**

- Did you carry on any business activity as Sole Trader including sale of Goods and Services? Yes  No
- Did you Receive Job Keeper payments as a Sole Trader? Yes  No

If you carried on a business activity during the year ended 30 June 2021, we will contact you to request appropriate bookkeeping records.

**PRIMARY PRODUCTION BUSINESS ACTIVITY AND INVESTMENTS**

If you carried on a primary production business activity during the year ended 30 June 2021, please provide any relevant annual tax statement available.

Primary Production Investment	Tax Statement Attached (please tick)
<i>e.g. Tanunda Hill Vineyards</i>	<input type="checkbox"/>
	<input type="checkbox"/>

**OTHER INCOME**

Please provide details of any other income you received in the financial year ended 30 June 2021 which does not fit in any of the above categories. This could include foreign income, taxable pensions, allowances and overseas employment income.

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**OVERSEAS ASSETS**

Did you own any assets valued at \$50,000 or more outside of Australia during the year ended 30 June 2021? Yes  No

## DEDUCTIONS

Please note that the Australian Taxation Office may request **tax invoices or receipts** to substantiate any deductions. Your income tax return is prepared on the basis that you can substantiate the expenses listed below if you are subject to an audit from the Australian Taxation Office. For more information about the substantiation requirements please contact us.

### WORK RELATED CAR EXPENSES

- **Motor Vehicle** – Did you use your own car for business/work purposes during the year? Yes  No   
(If yes, then please provide information for either (a) or (b) below)

(a) **Log Book:** Please provide details of all expenses you incurred over the financial year under the following categories:

Expense Type	Amount
Fuel	
Insurance	
Registration #	
Services/Repairs	
Interest paid on car loan (please provide finance documents or loan statement)	
Citylink / Tolls	
Logbook %	
Parking	
Cost of vehicle and date of purchase <span style="float: right;">Date:</span>	
Other – please specify:	

(b) **No Logbook (cents per kilometer method)** Let us know how many business kilometers you travelled during the year (up to 5000 kms) **kilometers:** \_\_\_\_\_

### WORK RELATED CLOTHING

- Do you wear a uniform or protective clothing? Yes  No   
If yes, please provide the costs associated with purchasing and maintaining the uniform, e.g. laundry (up to \$150 without receipts)

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### WORK RELATED TRAVEL EXPENSES

- Travel expenses include cost of air tickets, accommodation, meals and incidentals incurred whilst on business trips. If yes, please provide details below:

Description	Amount

**OTHER WORK-RELATED DEDUCTIONS**

Diary, stationery, work materials	
Union Fees / Professional Bodies	
Tools and equipment	
Income protection	
Subscriptions/ professional memberships	
Other – please specify:	
Other – please specify:	

**HOME OFFICE EXPENSES**

- Did you work from home at any time? Yes  No

If yes, please complete the table below. We will include a portion of these expenses on your tax return based on your percentage work related use.

- Number of average hours per week spent on work related activities at home: \_\_\_\_\_

Internet	<b>/Month</b>	<b>%</b>
Mobile phone:	<b>/Month</b>	<b>%</b>
Computer/office equipment purchased:		
Subscriptions		
Furniture in home office		
Other – please specify:		
Other – please specify:		
Other – please specify:		

**DONATIONS**

<b>Deductible Gift Recipient</b>	<b>Amount</b>
<i>e.g. AFLPA</i>	<i>\$300</i>

**OTHER DEDUCTIONS & ITEMS**

Description	Amount
Tax Agent Fees (from previous financial year)	
Income protection insurance premiums	
Foreign losses not included elsewhere	
Personal Superannuation Contribution	
<b>FUND ABN:</b> <b>Member #:</b>	
Interest on Margin Loans and Investment Loans	

\* If your insurance policies are not managed and reviewed by Lifewealth Insurance, would you like our insurance specialist to contact you?    Yes             No

**TAX OFFSETS & REBATES**

- Do you have private health insurance?    Yes             No

**OTHER INFORMATION**

- Do you have a HECS/HELP liability?    Yes             No
- Were you an Australian resident for tax purposes for the entire year? If no, please call to discuss this issue as residency is a potentially complex area.            Yes             No
- Did you stop full-time education during the year?    Yes             No
- Did you live in a remote area or serve in the defence force during the year?    Yes             No

**Other:** List any other information which you are unsure of, or which you would like us to be aware of.

Description	Amount

We are keeping electronic copies off all tax documents submitted to our office. All original physical copies will be securely disposed unless advised by the client. Please indicate your preference:

- Please send my original documents back to me.
- I do not need my original documents sent back to me.

Thank you for completing our checklist. We will prepare your tax return based on the information you have provided to us. Upon receiving your information, we will contact you to discuss your tax return and to seek further information if necessary. Please send your information to us via any of the following methods.

**EMAIL:** [tax@lifewealth.com.au](mailto:tax@lifewealth.com.au) | **POST:** GPO BOX 1890 Melbourne VIC 3001

<b>RENTAL PROPERTY TAX CHECKLIST</b>
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If you have a rental property, please provide the following information:

**Property 1:** Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date property was acquired: \_\_\_\_\_ Acquisition cost: \$ \_\_\_\_\_

If property was sold during the year, date of sale: \_\_\_\_\_

Where ownership of the property is shared, please advise of the % entitlement \_\_\_\_\_

**Property 2:** Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date property was acquired: \_\_\_\_\_ Acquisition cost: \$ \_\_\_\_\_

If property was sold during the year, date of sale: \_\_\_\_\_

Where ownership of the property is shared, please advise of the % entitlement \_\_\_\_\_

**Property 3:** Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date property was acquired: \_\_\_\_\_ Acquisition cost: \$ \_\_\_\_\_

If property was sold during the year, date of sale: \_\_\_\_\_

Where ownership of the property is shared, please advise of the % entitlement \_\_\_\_\_

<b>New property? we require the following:</b>
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Statement of Adjustments on purchase	Loan Establishment and other costs
Stamp Duty cost	Loan Statements
Registration of Title Costs	Quantity Surveyor Report or List of Depreciable Assets
Legal fees on Purchase	

*\*if rental property is sold, please contact our office for details of the information required. \**

<b>INCOME</b>
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	PROPERTY 1	PROPERTY 2	PROPERTY 3
Rental Income:			
Insurance Recoveries:			
Other Reimbursements:			
Other Rental related income:			
Other – please specify:			

<b>EXPENSES</b>			
	<b>PROPERTY 1</b>	<b>PROPERTY 2</b>	<b>PROPERTY 3</b>
Advertising			
Body Corporate Fee's			
Borrowing Fee's			
Building Write Off*			
Cleaning			
Council Rates			
Depreciation*			
Gardening / Lawn Mowing			
Insurance			
Interest on Loans			
Land Tax			
Legal Expenses			
Pest Control			
Property Agent fees/ Commission			
Repairs & Maintenance			
Stationery, Telephone & Postage			
Water Charges			
Other – please specify:			
Other – please specify:			
Other – please specify:			
Other – please specify:			

- If Repairs/Maintenance is checked, please specify whether the expense is related to repairs/maintenance or renovation. This is required for us to make a distinction between Repairs/Maintenance and Capital Improvement.

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**Covid-19 Rental Assistance**

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Please indicate if your rental income was reduced due to the Covid-19 and attached additional information. Please contact us for further information if you have any questions.