

INDIVIDUAL CHECK LIST (wage & salary earner)

Client name:

Appointment date/time:

PLEASE COMPLETE BEFORE YOUR APPOINTMENT

Assessable Income:-

- | | N/A | Encl |
|---|--------------------------|--------------------------|
| • PAYG Summaries (Group Certificates - including Centrelink, Youth Allowance, Pensions & Child Support) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Eligible termination payments | <input type="checkbox"/> | <input type="checkbox"/> |
| • Interest received | <input type="checkbox"/> | <input type="checkbox"/> |
| • Dividends received | <input type="checkbox"/> | <input type="checkbox"/> |
| • Trust Distributions from Investments | <input type="checkbox"/> | <input type="checkbox"/> |
| • Any assets sold that may generate a capital gain | <input type="checkbox"/> | <input type="checkbox"/> |

Allowable Employment Deductions - please bring proof of purchase:-

- | | | |
|---|--------------------------|--------------------------|
| • Motor vehicle travel (either km travelled or log book) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other related travel including train fares and toll charges | <input type="checkbox"/> | <input type="checkbox"/> |
| • Uniform (logo's) purchased and/or protective clothing | <input type="checkbox"/> | <input type="checkbox"/> |
| • Self education expenses relating to your employment | <input type="checkbox"/> | <input type="checkbox"/> |
| • Union fees | <input type="checkbox"/> | <input type="checkbox"/> |
| • Meals – if you receive a meal allowance (this may not be detailed on your PAYG Summary, so LBW requires further evidence) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Subscriptions, conference & seminars | <input type="checkbox"/> | <input type="checkbox"/> |
| • Tools purchased for work usage | <input type="checkbox"/> | <input type="checkbox"/> |
| • Home office, mobile usage (please provide evidence) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other work related expenses such as sun protection | <input type="checkbox"/> | <input type="checkbox"/> |
| • Donations | <input type="checkbox"/> | <input type="checkbox"/> |
| • Income protection/sickness & accident insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| • Tax agent fees for prior year (including audit insurance costs) | <input type="checkbox"/> | <input type="checkbox"/> |

Medicare Levy Related Items:-

- | | | |
|--------------------------------------|--------------------------|--------------------------|
| • Your 2019 Private Health Statement | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------------------|--------------------------|--------------------------|

Note:

Medical offset is not available, except for disability aids, attendant care or aged care. NB: This will be completely phased out 30/06/2019.

BANKING DETAILS - HAVE YOUR BSB AND ACCOUNT NUMBER CHANGED?

BSB: Account Number:

Please provide your Email address below to update our system and to allow secure document transfers through the LBW Client Portal

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2019 Income Tax Return