



2024 Individuals Tax Return Checklist

- Complete by using the [“Comment”](#) and [“Sign & Fill”](#) icons on the RHS of this form, **OR** print> complete> sign> ,and scan back via email..

Thank you for choosing El Dorado Business Services to prepare your Income Tax Return.

To assist us in preparing your income tax return, please use this questionnaire as a checklist and Engagement Letter, when you compile your information. Completing it takes some time and effort however your efforts will enable us to process your work quickly and efficiently because we will have all necessary information at hand to complete the work.

PURPOSE AND SCOPE OF THE ENGAGEMENT

- 1) To provide individual Tax Services to you
- 2) Our liability is limited by a scheme approved under Professional Standards Legislation. Further information on the scheme is available from the Professional Standards Councils' website: <http://www.psc.gov.au/>
- 3) With respect to tax returns, you will be responsible for reviewing these carefully and for signing the declaration to confirm that the information provided to us for the preparation of the document is true and correct
- 4) Our firm may from time to time use the services of third party back-office accounting and tax contractors (local and offshore in Asia), and third party contractors (local and offshore in NZ) to host and operate computer infrastructure /cloud storage to perform some of the services we are engaged to perform for you. Each client in the Group hereby authorises us to disclose any necessary information relating to that client's affairs to all such third party contractors (local or offshore) as we may choose to engage to perform such work.
- 5) We may also need to disclose information relating to one client's affairs to other clients in the Group to assist in performing our work. Each client in the Group/Client hereby authorises us to do when we consider it appropriate to further our performance of work for the Group/Client.

EL DORADO BUSINESS SERVICES Pty Ltd

PERSONAL DETAILS (IF you are an **EXISTING** client, **ONLY** add your name and surname, **AND** any information which has **CHANGED** since LY)

Title Surname First DOB TFN

Address Suburb State Postcode

Occupation Phone Email

Bank details (**ONLY** if **not already** provided) Account Name Bank Name

BSB# Account #

SPOUSE/DE-FACTO SPOUSE DETAILS

Title Surname First Did you have a spouse for the full year Yes No

If you answered no, indicate the period you had a spouse? From To Spouse date of birth

If we **are not** completing your spouse's tax return, please provide a copy of tax return I have attached a copy of my spouses tax return

DEPENDENT CHILDREN

Child 1-	Name <input type="text"/>	DOB <input type="text"/>	Taxable Income <input type="text"/>
Child 2-	Name <input type="text"/>	DOB <input type="text"/>	Taxable Income <input type="text"/>
Child 3-	Name <input type="text"/>	DOB <input type="text"/>	Taxable Income <input type="text"/>

YOUR INCOME DETAILS

1. Did you receive income for salary and wages?	<input type="radio"/> Yes <input type="radio"/> No	If you answered no, go to question 2. If yes, please provide copies of all PAYG Payment Summaries you received from your employer(s).
2. Did you receive any income from allowances, tips, director's fees, etc.?	<input type="radio"/> Yes <input type="radio"/> No	If you answered no, go to question 3. If yes, please provide documentation to support.
3. Did you receive any Employer Lump Sum Payments?	<input type="radio"/> Yes <input type="radio"/> No	If you answered no, go to question 4. If yes, please provide copies of all PAYG Payment Summaries you received from your employer(s).
4. Did you receive any Employment Termination Payments?	<input type="radio"/> Yes <input type="radio"/> No	If you answered no, go to question 5. If yes, please provide copies of all ETP Payment Summaries you received from your employer(s).
5. Did you receive any Australian Government payments such as Newstart, Sickness or Special Benefit?	<input type="radio"/> Yes <input type="radio"/> No	If you answered no, go to question 6. If yes please provide copies of all Annual Payment Summaries
6. Did you receive any Australian Government pensions and other allowances?	<input type="radio"/> Yes <input type="radio"/> No	If you answered no, go to question 7. If yes, please provide copies of all Annual Payment Summaries you received.
7. Did you receive any Australian annuities, superannuation income streams or superannuation lump sum payments?	<input type="radio"/> Yes <input type="radio"/> No	If you answered no, go to question 8. If yes, please provide any statements you received or details of the payments.
8. Did you receive interest from financial institutions?	<input type="radio"/> Yes <input type="radio"/> No	If you answered no, go to question 9. If yes, please provide annual interest statements from your financial institution.

YOUR INCOME DETAILS - continued

9. Did you receive any dividends from Australian companies? (Normally two for each company per year. Only include advice slips where the payment date falls between 1 July and 30 June) Yes No If you answered no, go to question 10. If yes, please provide copies of all dividend statements you received.
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10. Did you receive any shares or options from an Employee Share Schemes? Yes No If you answered no, go to question 11. If yes, please provide copies of Employee Share Scheme Summaries form your employer.
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11. Did you receive any distributions from partnership or trusts? Yes No If you answered no, go to question 12. If yes, please provide copies of all Distribution statements or payment details.
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12. Did you sell assets (e.g. Shares, **CRYPTO** or Property)? Yes No If you answered no, go to question 13. If yes, download and complete our **Sale of Real Estate Form or Sale of Shares/Units Form** from our [website](#) and scroll down to Downloads, Tax Forms
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13. Did you receive rental income? Yes No If you answered no, go to question 14. If yes, attain (from Downloads, Tax Forms) our **Rental Property Form** from our [website](#)
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14. Did you operate a business? Yes No If you answered no, go to question 15. If yes, download and complete our **Business Income Form** from our [website](#)
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15. Did you receive any other types of income not referred to above? Yes No If you answered no, go to question 1 under Deductions. If yes, please attach details. Other income could include foreign income or pensions.

YOUR DEDUCTIONS DETAILS

IMPORTANT - IF YOUR TOTAL WORK-RELATED EXPENSES EXCEEDS \$300 YOU MUST HAVE RECEIPTS TO PROVE THE TOTAL AMOUNT, NOT JUST THE AMOUNT OVER \$300

1. Did you use your car for work and **kept a log book?** Yes No If yes, you are entitled to claim the cost (**here**) of using your car for work based on a log book kept for a continuous period of 13 weeks within the last 5 years. Please ensure that **ONLY** the deductible amounts are shown below. **If no, go to Q2 below**

Make	<input type="text"/>	Model	<input type="text"/>	Business use %	<input type="text"/>	Fuel & oil costs	<input type="text"/>	Interest paid	<input type="text"/>
Date purchased	<input type="text"/>	Cost of car	<input type="text"/>	Year log book kept	<input type="text"/>	Rego costs	<input type="text"/>	Insurance	<input type="text"/>
						Repairs	<input type="text"/>	Services	<input type="text"/>
						Tyres batteries	<input type="text"/>	Lease payments	<input type="text"/>

2. Did you use your car for work and did **NOT keep a log book?** Yes No If you answered no, go to question 4. If yes, insert the details of your car here and go to question 3. details-

Make	<input type="text"/>	Model	<input type="text"/>	Date purchased	<input type="text"/>	IMPORTANT NOTE: To claim without a logbook, a detailed reasonable estimate of the kms travelled for work is required: e.g., a diary for one month which is representative of the whole year or, if spasmodic, a list for each trip. A car provided by your employer, even if salary sacrificed cannot be claimed here.
Engine size (ltrs)	<input type="text"/>	Business kms	<input type="text"/>	Cost of car	<input type="text"/>	

3. Tell us how you used your car for work here?

4. Did you have work related travel (domestic & overseas) expenses? Yes No If you answered no, go to question 5. If yes, please answer the further questions and complete the details below (\$)-

- a. Do you have receipts for your travel expenses? Yes No b. If your travel is for 6 or more nights in a row, do you have travel records? (e.g. a travel diary) Yes No

Taxis	<input type="text"/>	Buses	<input type="text"/>	Parking	<input type="text"/>	Trains	<input type="text"/>	Car hire	<input type="text"/>	Meals	<input type="text"/>	Accommodation	<input type="text"/>	Airfares	<input type="text"/>
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If you have any other expenses not listed, please provide a separate list.

YOUR DEDUCTIONS DETAILS - continued

5. Did you have work related clothing expenses? Yes No If you answered no, go to question 6. If yes, please record details here (\$)-

Compulsory uniforms	<input type="text"/>	Non-compulsory uniforms	<input type="text"/>	Protective clothing	<input type="text"/>	Occupation specific	<input type="text"/>
Non-slip shoes	<input type="text"/>	Laundry- No. of washes/week	<input type="text"/>	Dry-clean uniforms	<input type="text"/>	Sunhats	<input type="text"/>

6. Did you have work related self-education expenses? Yes No If you answered no, go to question 7. If yes, download and complete our **Self Education Expenses Form** from our [website](#)

7. Did you have any other **work related** expenses? Yes No If yes, complete the following section (**business amount ONLY, AND ENSURE records and receipts kept**)

Computer software	<input type="text"/>	Computer supplies	<input type="text"/>	Conferences/ Seminars	<input type="text"/>	Home office-hours/week	<input type="text"/>
Internet subscription	<input type="text"/>	Meal allowance-received	<input type="text"/>	Meal allowance-spent	<input type="text"/>	Postage	<input type="text"/>
Professional fees	<input type="text"/>	Reference books/journals	<input type="text"/>	Repairs	<input type="text"/>	Safety equipment	<input type="text"/>
Stationery	<input type="text"/>	Subscriptions	<input type="text"/>	Sunscreen/glasses	<input type="text"/>	Telephone-home	<input type="text"/>
Telephone-mobile	<input type="text"/>	Union fees	<input type="text"/>	Tools- Or Equip < \$300/item	<input type="text"/>	Covids Tests	<input type="text"/>

Work-Related Equipment Purchased Costing More than \$300

Work & Private Use Items

Description	Full Cost	Date Purchased	% Work Use	Item	% Work Use
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Computer	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Internet Access	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile Phone	<input type="text"/>

8. Did you pay any interest on Investment Loans (**excluding** rentals)? Yes No If you answered no, go to question 9. If yes, please complete the following section.

Description of investment	<input type="text"/>	Interest Paid (\$)	<input type="text"/>
Description of investment	<input type="text"/>	Interest Paid (\$)	<input type="text"/>

9. Did you donate to charities **OR** school building fund? Yes No If you answered no, go to question 10. If yes, please provide details.

10. Did you have any other deductions not referred above? Yes No If you answered no, go to question 11. If yes, please provide details.

Income protection insurance	<input type="text"/>	Tax return fee last year	<input type="text"/>	Other	<input type="text"/>	\$	<input type="text"/>
Other	<input type="text"/>	\$	<input type="text"/>	Other	<input type="text"/>	\$	<input type="text"/>

YOUR TAX OFFSETS DETAILS

11. Did you have a Spouse (without dependent child or student), Child-Housekeeper, or Housekeeper during the year? Yes No If you answered no, go to question 12. If yes, please provide the separate net income of the dependent.

12. Are you a pensioner and/or senior Australian (includes age pensioners, service pensioners and self-funded retirees)? Yes No If you answered no, go to question 13. If yes, please provide details of your payments.

13. Did you make any personal (after tax) superannuation contributions and notify your Super fund, to claim a deduction? Yes No If yes, provide details of your payment & acknowledgement by your Fund, as you may be able to claim a deduction, or go to question 14.

14. Do you have private health insurance? Yes No If you answered no, go to question 15. If yes, please provide a copy of the Annual Statement from your health insurer.

15. Have you made any superannuation contributions on behalf of a spouse? Yes No If you answered no, go to question 16. If yes, please provide, the amount contributed, and if we are not preparing your spouse's tax return, your spouse's taxable income.

16. Did you live, work **AND maintain a residence** in a remote area of Australia or serve overseas? (**No allowance** is given to fly-in-fly-out any longer) Yes No If you answered no, go to question 17. If yes, please complete the following information-

Location Period from Period to

Location Period from Period to

17. Do you have a HELP or SFSS debt? Yes No If you answered no, go to next section. If yes, please complete the following information-

HELP balance at 30 June SFSS balance at 30 June

OTHER INFORMATION and Client ID information

IF you are a NEW client, please provide ONE of the following below, to comply with NEW ATO ID requirements:

- Superannuation Number :.....
- Private Health Membership Number :.....
- Any ATO Correspondence Reference Number :.....
- Gross Wages from your employer :.....

1. I hereby instruct El Dorado Business Services Pty Ltd to prepare my return.
2. I confirm that this checklist has disclosed all income derived by me.
3. I confirm that I have all the necessary receipts and/or other records to support all of my claims for deductions and rebates made in this checklist.

Signature and Date