



CHARTERED
ACCOUNTANTS

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2026 Individual Income Tax Return Checklist

This checklist is designed as a guide for the preparation of your personal income tax return. Completing this checklist will ensure we have all the relevant information required to prepare your personal income tax return quickly and efficiently.

Some items listed may not apply to your situation or you may want to contact us to clarify.

| | | | | |
|-----------------------|--------|--|------|--|
| Name | | | | |
| Address | | | | |
| Postal (if different) | | | | |
| Contact Numbers | Mobile | | Home | |
| | Work | | Fax | |

| | | | |
|--|--|-------|------|
| Email Address | | | |
| Do you want correspondence by email or mail (please check the box) | | Email | Mail |

| | | | |
|--|--|-----------------|-------------------------------|
| Occupation | | | |
| The following 2 items are only required if this is the first year we are preparing your return | | | |
| Date of Birth | | Tax File Number | Please don't email this to us |

| | | |
|---|---------------|--|
| Spouse (if we don't prepare their tax return) | Name | |
| | Date of Birth | |
| | Annual Income | |

| | | |
|---------------------------------|---------------|------|
| Names of any dependent children | Date of birth | Name |
| | | |
| | | |
| | | |

| | | | |
|--------------|--|---------|--|
| Bank Account | From 1 July 2013, individual tax refunds are required to be paid directly into your bank account | | |
| Account Name | | | |
| BSB | | Account | |

INCOME

| Have you received any of the following payments? | | Amount / details |
|--|----------|------------------|
| Salary or wages | Yes / No | |
| Allowances, earnings, tips, director's fees etc | Yes / No | |
| Employer lump sum payments | Yes / No | |
| Employment termination payments | Yes / No | |
| Australian Government allowances and payments like newstart, and austudy | Yes / No | |
| Australian Government pensions and allowances | Yes / No | |
| Australian annuities and superannuation income streams and pensions | Yes / No | |
| Interest | Yes / No | |
| Dividends | Yes / No | |
| Employee share schemes | Yes / No | |
| Distributions from partnerships and/or trusts | Yes / No | |
| Net income or loss from business | Yes / No | |
| Capital gains, ie sale of shares | Yes / No | |
| Foreign source income | Yes / No | |
| Rent (please complete rental checklist) | Yes / No | |
| Any other income not listed above (please specify) | Yes / No | |
| Comments or Questions: | | |

DEDUCTIONS

| Have you incurred any of the following for work? (remember you will need to keep records to substantiate) | | Amount / details |
|--|----------|--|
| Work related car expenses (one of the following): | | |
| cents per kilometre method (up to a maximum of 5,000 kms) | Yes / No | |
| If you travel more than 5,000km for work then you must use the logbook method | Yes / No | To claim please complete the motor vehicle checklist |
| | | |
| Work related travel expenses, ie taxi's | Yes / No | |
| | | |
| Work related uniform and protective clothing expenses | Yes / No | |
| | | |
| Work related self-education expenses | Yes / No | |
| | | |
| Other work-related expenses: | | |
| Telephone/mobile phone | Yes / No | Annual cost \$ _____, work _____ % |
| Internet | Yes / No | Annual cost \$ _____, work _____ % |
| Tools and equipment | Yes / No | |
| Subscriptions and union fees | Yes / No | |
| Computer and software | Yes / No | Annual cost \$ _____, work _____ % |
| Journals/periodicals | Yes / No | |
| Sun protection products (i.e., sunscreen and sunglasses) | Yes / No | |
| Seminars and courses | Yes / No | |
| Home office expenses (number of hours working from home) | Yes / No | |
| Other types of deductions: | | |
| Interest deductions | Yes / No | |
| Dividend deductions | Yes / No | |
| Gifts or donations | Yes / No | |
| Cost of managing tax affairs | Yes / No | |
| Income Protection Insurance | Yes / No | |
| Comments or Questions: | | |

| OTHER | | Amount / details |
|--|----------|---------------------------------------|
| Have you lived in a remote or isolated area of Australia? Where and how long? | Yes / No | |
| Do you have a dependent spouse or parent? | Yes / No | |
| Did you or your spouse receive FTB through the Family Assistance Office? | Yes / No | |
| Medicare levy reduction or exemption certificate if applicable | Yes / No | |
| Did you have private health insurance 'Hospital Cover'? If so | Yes / No | If yes, we have access to this online |
| Did you make superannuation contributions on behalf of your spouse? | Yes / No | |
| Do you have a HELP liability or a student financial supplement loan debt? | Yes / No | |
| Medical Expenses, please note for the 2020 and future years you are no longer able to claim the medical expenses rebate. | | |
| Comments or Questions: | | |

I declare that:

1. I have instructed you to prepare my income taxation return for the year ended 30 June 2026.
2. I have disclosed, and you have returned, all of the income including net capital gains which I have earned/received, for the 2026 income year.
3. All income declared, claims for deductions and tax offsets/rebates included in my return are based on my specific instructions and advice that I satisfy the relevant taxation requirements.
4. I have all receipts or documentation necessary to substantiate the above claims and I will make them available if required by the Tax Office.
5. We acknowledge and accept the terms of engagement for the reparation of our return which is detailed on our website.

Signature

Date/...../.....