



**CLIENT INTERVIEW CHECKLIST**

Date: \_\_\_\_/\_\_\_\_/20

In order to ensure that you declare income from all sources and understand deductions under the Substantiation guidelines, we require you to complete the attached checklist.

All questions must be answered by circling either the NO or YES response.

Documentary evidence must be on hand for all deductions and must be kept for a minimum of five years from the date of lodging the applicable income tax return.

The checklist must also be signed in the space provided.

<b>Office use only</b> <input type="checkbox"/> <b>POI (Proof of Identity) – Document Type</b> _____
--

**Client Code:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Known As** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date of Death:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Tax File No:** \_\_\_\_\_ **A.B.N:** \_\_\_\_\_

<b>Residential Address:</b>	<b>Postal Address:</b>
_____	_____
_____	_____

**Email:** \_\_\_\_\_

**Mobile Number:** \_\_\_\_\_ **Home Phone No.:** \_\_\_\_\_

**Electronic Funds Transfer (EFT) Account Name** \_\_\_\_\_ **BSB** \_\_\_\_\_ **Account** \_\_\_\_\_

**Did you have a spouse at any time during the year?** NO / YES

**Spouse Name** \_\_\_\_\_

**DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TFN** \_\_\_\_\_ **Income** \_\_\_\_\_ **DOD** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Do you have dependant children?**

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>STUDENT</u>	<u>SNI</u>
.....	...../...../.....	NO / YES	.....
.....	...../...../.....	NO / YES	.....
.....	...../...../.....	NO / YES	.....
.....	...../...../.....	NO / YES	.....

**INCOME:**

**Did you receive any income from any of the following sources?**

- Salary or wage income NO / YES Occupation .....
- Reportable Fringe Benefits NO / YES
- Foreign Salary Income NO / YES
- Additional super contributions from your employer? NO / YES - Salary Sacrifice / Individually influenced / Award / EBA
- Have you acquired shares or rights from an employee share scheme NO / YES .....
- Tips, allowances and directors fees NO / YES .....
- Employment Termination Payments NO / YES .....
- Centrelink benefits NO / YES .....
- Australian Government Pension NO / YES .....
- Superannuation Lump Sum/Income Stream NO / YES .....
- Interest on Bank Accounts NO / YES .....
- Dividends NO / YES Company Franked Unfranked FC  
.....  
.....  
.....
- Distributions from Partnerships, Trusts or Managed Funds NO / YES .....
- Business or Contracting Income NO / YES .....
- Rental Property Income NO / YES .....
- Bonuses from Life Insurance Policies NO / YES .....
- Forestry Investment Scheme Income/Expenses NO / YES .....
- Any other income NO / YES .....

**Foreign Income:**

- Pension NO / YES .....
- Rental Property NO / YES .....
- Investments NO / YES .....
- Gifts NO / YES .....

**Did you sell any of the following?**

- Property NO / YES .....
- Shares NO / YES .....
- Units in Managed Funds NO / YES .....
- Foreign Assets NO / YES .....

**DEDUCTIONS:**

**Do you use your motor vehicle for work/business?**

NO / YES

Make.....Model.....

Have you prepared a log book?

NO / YES (if yes please provide the following)

Total KLMs travelled for the year for work / business ..... x 0.66c.....

**Other Travel Expenses**

- Airfares NO / YES .....
- Accommodation NO / YES .....
- Meals NO / YES .....
- Incidentals (ie taxi, bus, train etc) NO / YES .....

**Uniform / Protective Clothing**

Registered / Compulsory / Protective / Occupation Spec.

- Laundry NO / YES .....
- Dry cleaning NO / YES .....
- Eligible uniforms and footwear NO / YES .....

**Self-Education Expenses**

- Student Union fees NO / YES .....
- Course fees not covered by HECS/HELP NO / YES .....
- Travel expenses NO / YES .....
- Other (textbooks, stationery etc) NO / YES .....
- Other non-deductible expenses NO / YES .....

**Other Work-related Expenses**

- Union fees NO / YES .....
- Subscriptions / Memberships / Registrations NO / YES .....
- Conferences and seminars NO / YES .....
- Stationery NO / YES .....
- Tools & Equipment NO / YES .....
- Home office expenses NO / YES No. of Hours..... x 45c = .....
- Home Phone NO / YES Pvt % .....Monthly charge ..... x 11 months = .....
- Mobile Phone NO / YES Pvt % .....Monthly charge ..... x 11 months = .....
- Internet NO / YES Pvt % .....Monthly charge ..... x 11 months = .....
- Computer Expenses NO / YES Pvt % .....Total Cost..... Claim .....
- Sun Protection NO / YES Sunscreen ..... Hat ..... Sunglasses .....
- Other deductions NO / YES .....
- .....
- .....
- .....Total .....

**Interest & Dividend Deductions**

- Expenses in relation to Interest Income NO / YES .....
- Expenses in relation to Dividend Income NO / YES .....

**Other Deductions**

- Donations (DGR's) NO / YES .....
- .....
- .....
- .....
- Tax agent fees paid previous year NO / YES .....
- Income Protection Insurance NO / YES .....

**Other Information**

- Did you make a personal superannuation contribution this year? NO / YES Name of Fund.....
- ABN: .....
- Is a copy of s290-170 notice on file YES / NO
- Did you contribute to your spouse's superannuation this year (T7) NO / YES .....

**Medical expenses**

- Disability Aids
  - Attendant Care
  - Aged Care
- \*Plus \$1,500 for each dependent child after the first. For the purpose of calculating the ATI threshold for this offset, a dependent child is:
- Child under 21 years
  - Child. 21 to 24 years who is a full-time student

NO / YES

Family Status	ATI Threshold	What Can I Claim?	ATI Threshold	What Can I Claim?
Single	\$90,000 or less	20% of net medical expenses over \$2,265	Above \$90,000	10% of net medical expenses over \$5,343
Family	\$180,000* or less	20% of net medical expenses over \$2,265	Above \$180,000*	10% of net medical expenses over \$5,343

**Do you have a HELP, SFSS OR TSL debt?** NO / YES HELP ..... SFSS .....

**Do you have private health cover?** NO / YES (Statement to be provided)

- If a defence force employee, has your spouse paid medicare & have private health cover? NO / YES .....
- Were you a sole parent at any time during the year? NO / YES .....
- Did you pay child support? NO / YES .....

**Zone Allowance**

Residence - .....

**Signature of taxpayer** ..... **Dated:** ...../...../.....