



Providing Total Business Care

Seb Vecchio CPA

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Registered Tax Agent • Accountant • Business Advice

2017 Individual Income Tax Return Checklist for SPV Accounting

Tax File Number: _____ ABN: _____

Are you an Australian Resident? YES/NO/UNSURE

Name: Mr/Mrs/Ms/Miss:

Name changed since last return? YES/NO Preferred Name:

If YES, previous name:

Postal Address:

.....

Residential Address:

.....

Date of Birth:/...../.....

Telephone: (H) (W) (M)

Email:

Occupation:

Spouse details (if applicable):

Preferred contact: Email Mobile Home Phone

***** The tax office now require your refund to be deposited directly into your bank account*****

Please provide bank details BSB: Account Number:

Account Name:

Legal and Insurance matters

We take this opportunity to remind you to review your insurance and ensure your wills and powers of attorney are up to date.



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INCOME- PLEASE SUPPLY ALL DOCUMENTS

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Salary or wages (PAYG Summary) <input type="checkbox"/> Australian Government allowances and payments like newstart, youth allowance and Austudy <input type="checkbox"/> Australian Government pensions and allowances <input type="checkbox"/> Australian Superannuation lump sum payments <input type="checkbox"/> Interest <input type="checkbox"/> Dividends <input type="checkbox"/> Distributions from partnerships and/ or trusts <input type="checkbox"/> Foreign source income (including foreign pensions) and foreign assets or property <input type="checkbox"/> Rent <input type="checkbox"/> Capital Gains (Sale of assets) <input type="checkbox"/> Other income (please specify) | <ul style="list-style-type: none"> <input type="checkbox"/> Child support paid in the 2016/2017 year <input type="checkbox"/> Number of dependents _____ <input type="checkbox"/> Work related car expense <input type="checkbox"/> Work related travel expense <input type="checkbox"/> Work related uniform and other clothing expenses <input type="checkbox"/> Work related self-education expenses <input type="checkbox"/> Other work related expenses examples: <ul style="list-style-type: none"> a) Union fees, Registrations and subscriptions b) Telephone/ Internet c) Sun Protection d) Tools e) Equipment f) Printing and Stationary g) Interest and Dividend Deductions h) Gifts or Donations i) Cost of Managing Tax Affairs j) Personal Super Contributions k) Income Protection Insurance l) Other Deductions (please Specify) |
|--|--|

OTHER INFORMATION REQUIRED

- Private Health 'annual tax statement'

- Are you entitled to the Medicare levy exemption or reduction in 2017? (if yes, please specify

DEDUCTIONS- PLEASE SUPPLY ALL DETAILS / CALCULATIONS

- Do you have HECS/HELP liability or a student supplement loan debt?

**Please forward details to our office
SPV Accounting. PO Box 786 Cooroy
QLD 4563**

**Or Email
Info@spvaccounting.com.au**

Special Note:

To assists us with preparing your Income Tax Obligations and to keep our fee to you as economical as possible, please

- Provide the documentation to us at one instance once ALL of the information is available, and
- If you are waiting on documents from another source please wait until all documents are received by you before making your appointment or providing your information to us.
- This is the last year for these types of claims unless they relate to disability Aids, attendant care or age care until 01/07/2019