



Spinell

Accounting Group Pty Ltd

ABN 61 136 567 729

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BELMONT VIC 3216

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Financial Year 1st of July 2018 – 30th June 2019 Personal Tax Organiser Checklist

Client Details		
Client Full Name:		
Street Address:		
Suburb:	State:	P/Code:
Postal Address:		
Business Hrs Ph No:	Mobile Ph No:	
Email Address:		
DOB:	Tax File No:	

Bank Details (for possible refund)	
Account Name:	
BSB:	Account No:

Spouse's Details	
Full Name:	
DOB:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Separate Net Income*	
<small>* Required if we do not prepare your spouse's tax return</small>	

Dependent Details	
Full Name:	
DOB:	Studying Full Time?

Dependent Details	
Full Name:	
DOB:	Studying Full Time?

Patrick Klemke
Director
B.Com, CPA, AFP,
Dip FS MB

V. Joseph Dancevic
Associate
M.Bus, B.Bus, Dip. Bus Admin,
FCCA, CFP, FIPA, FTIA

Heleana Harvey
Adv Certificate of Accounting

Melissa Donaldson
B.Com, B.Mgt, CPA

Joanne Klemke
Certificate of Accounting
Certificate of Business Administration

Sarah Moore
Certificate of Bookkeeping

"Supporting you to achieve financial success"

Income		
Did you receive any income from the following categories?	No	Yes
PAYG Payment Summaries/Income Statement from Salary & Wages	<input type="checkbox"/>	<input type="checkbox"/> Please attach Details
Centrelink Benefits	<input type="checkbox"/>	<input type="checkbox"/> Please attach Details
Eligible Termination Payment (ETP) form and/or Superannuation Benefit Payments	<input type="checkbox"/>	<input type="checkbox"/> Please attach Details
Other Australian Pensions and Annuities	<input type="checkbox"/>	<input type="checkbox"/> Please attach Details
Overseas Pensions	<input type="checkbox"/>	<input type="checkbox"/> Please attach Details
Dividend (Shares) and / or Trust Distributions Annual Statements (Managed Funds)	<input type="checkbox"/>	<input type="checkbox"/> Complete Appendix 1A
Bank Interest	<input type="checkbox"/>	<input type="checkbox"/> Complete Appendix 1B
Life Insurance and Friendly Society Bonuses	<input type="checkbox"/>	<input type="checkbox"/> Please attach Details
Businesses, partnerships & Trusts	<input type="checkbox"/>	<input type="checkbox"/> Please attach Details
Capital Gain from the sale of an asset (shares, properties, units in trust etc)	<input type="checkbox"/>	<input type="checkbox"/> Complete Appendix 2
Rental Income	<input type="checkbox"/>	<input type="checkbox"/> Complete Appendix 3
Other Income – including foreign exchange gains, royalties, scholarships, grants, jury service fees, etc	<input type="checkbox"/>	<input type="checkbox"/> Please attach Details

Tax Deductible Expenses (must be incurred, be deductible and substantiated)

Work Related Car Expenses (claim one of the two methods)

Car (if travelled less than 5,000km s)

Type of Car:	Engine Size:
No of Km's Travelled:	

Car (if travelled more than 5,000km s log book required)

Percentage car is used for work purposes:	
Purchase Price:	Date Purchased:
Insurance:	Repairs:
Fuel Cost:	Registration Costs:
Loan Payments:	Interest on Loans:
Car Washes:	Other (please specify):
Other (please specify):	

Other Work Related Travel Expenses

Public Transport:	Airfares:
Accommodation:	Meals:
Taxis:	Other (please specify):
Other (please specify):	

Tax Deductible Expenses (must be incurred, be deductible and substantiated) *Continued*

Work Related Self Education Expenses (must be related to your current income)

Name of Course:	Institution:
Course Fees (exclude HELP):	Stationery:
Text Books:	Travel:
Parking:	Other (please specify):

Work Related Uniform Expense

Uniforms:	Protective Clothing:
Laundry:	Dry Cleaning:

Other work related expenses:

Home Office:	Stationery:
Subscriptions:	Computers & Software:
Books & Magazines:	Conferences & Seminars:
Telephone/ Internet:	Repairs to Equipment:
Tools of Trade:	Union Fees:
Sun Protection:	Other (Please specify)

Other Deductions:

Partnership Losses:	Tax Losses from Previous Years:
Charitable Donations:	Income Protection:
After tax Superannuation Contributions you made? <i>(Acknowledgement from super fund of Notice of Tax Deduction will be required)</i>	
Other (please specify):	

Other Details Required:

Do you have Private Health Insurance? No <input type="checkbox"/> Yes <input type="checkbox"/>	<i>If yes, please ensure you have your statement, or that it is available via the ATO portal (around mid-August) prior to booking your appointment</i>
How much child support did you pay? <i>(if any)</i>	

APPENDIX 1 Investments

PART A Shares

Name of Shareholding	Unfranked	Franked	Imputation Credit	No of Investment Owners

PART B Bank Interest:

Financial Institution Name	Account Number	\$ Interest Received	No. of Investment Owners

APPENDIX 2 Capital Gains:**Property 1**

Address of Property:	
Purchase Date	Sale Price
Purchase Cost	Sale Date
Settlement Date	Settlement Date to Sell
Stamp Duty	Real Estate Agent Fees
Registration of Title	Legal Fees
Legal Fees to Purchase	Other Sales Costs

Property 2

Address of Property:	
Purchase Date	Sale Price
Purchase Cost	Sale Date
Settlement Date	Settlement Date to Sell
Stamp Duty	Real Estate Agent Fees
Registration of Title	Legal Fees
Legal Fees to Purchase	Other Sales Costs

Shares

Name of Shares	Name of Shares
Number Sold	Number Sold
Purchase Date	Purchase Date
Selling Date	Selling Date
Purchase Cost	Purchase Cost
Selling Cost	Selling Cost

Shares

Name of Shares	Name of Shares
Number Sold	Number Sold
Purchase Date	Purchase Date
Selling Date	Selling Date
Purchase Cost	Purchase Cost
Selling Cost	Selling Cost

APPENDIX 3 Rental Income & Expenses

Property 1

Address:

Suburb:

State:

Postcode:

Date First Earned Rental Income:

No. Weeks Rented this Financial Year:

Percentage Owned:

Property 2

Address:

Suburb:

State:

Postcode:

Date First Earned Rental Income:

No. Weeks Rented this Financial Year:

Percentage Owned:

Property 3

Address:

Suburb:

State:

Postcode:

Date First Earned Rental Income:

No. Weeks Rented this Financial Year:

Percentage Owned:

Please provide rental property statement and details or complete the below

<i>Income</i>	Property 1 (\$)	Property 2 (\$)	Property 3 (\$)
Rent			
<i>Expenses</i>			
Agent Fees			
Advertising			
Loan Interest			
Bank Fees			
Repairs			
Gardening			
Insurance			
Council Rates			
Water Rates			
Stationery & Postage			
Telephone			
Land Tax			
Please list any others:			
Capital Expenses Over \$300 (please list items, including the date of purchase)			