



Spinell

Accounting Group Pty Ltd

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Financial Year 1st of July 2023 – 30th June 2024 Personal Tax Return Checklist

Client Details

Client Full Name:

Street Address:

Suburb:

State:

P/Code:

Postal Address:

Business Hours 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

Female

Separate Net Income*

* Required if we do not prepare your spouse's tax return

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

Suzie Mackinder
Accountant
Bach Com, CA

Sarah Moore
Certificate III in Bookkeeping

Pauline Cleland-Forster
Cert IV in Accounting & Bookkeeping

"Supporting you to achieve financial success"

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Income		
Did you receive any income from the following categories?	No	Yes
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 1
Bank Interest	<input type="checkbox"/>	<input type="checkbox"/> Please attach details
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/Loss from the sale of an asset (shares, properties, cryptocurrencies, 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 Method 1: (if travelled less than 5,000kms)

No of work related km's travelled:

Car Method 2: (if travelled more than 5,000kms - 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):

*Please specify location/s stayed and number of nights spent away:

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:

Stationery:	Computers & Software:
Subscriptions:	Conferences & Seminars:
Books & Magazines:	Repairs to Equipment:
Telephone/ Internet:	Union Fees:
Tools of Trade:	Sun Protection:
Home Office (fixed rate .67c): HOURS	Tax Agent Fees:
Other (Please specify):	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? <input type="checkbox"/> No <input type="checkbox"/> Yes	<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? (if any)	

APPENDIX 1 Investments**PART A Shares**

Name of Shareholding	Unfranked	Franked	Imputation Credit	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:

Trading of Cryptocurrency

Name of Cryptocurrency:

Name of Cryptocurrency:

Number Sold:

Number Sold:

Purchase Date:

Purchase Date:

Selling Date:

Selling Date:

Purchase Cost:

Purchase Cost:

Selling Cost:

Selling Cost:

Other items subject to Capital Gains

Name of item:

Name of item:

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			
Expenses			
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)			