

## 2011 END OF YEAR CHECKLIST INDIVIDUAL TAX RETURN

Preparing your end of year documents & information  
prior to coming to see us will save you time and money

- Where reply is "YES", please attach supporting information
- 2010/2011 refers to the period 1 July 2010 to 30 June 2011
- Unless otherwise stated, this checklist refers to events occurring in 2010/2011

INCOME (PLEASE ATTACH FURTHER DETAIL WHERE APPROPRIATE)			ATTACHED
<b>1. Wages, Pensions and Government Benefits</b> PAYG Payment Summary (Previously known as "Group Certificate")	NO	YES	
<b>2. Employment Termination Payments</b> ETP Payment Summary	NO	YES	
<b>3. Interest Received</b> Bank Accounts and Total Interest (show withholding tax if applicable)	NO	YES	
<b>4. Dividends, Trust (Managed Funds) and partnership distributions</b> Divided Advice Slips (taxable on record date) Details of any Partnership Distributions Refer to Item 6 where investments have been sold MIS eg Forestry Annual Statement and Interest Loan Statements	NO	YES	
<b>5. Rental income</b> Itemised Rental Property details are required by the ATO, so please provide full details of gross income and expenses. Real Estate Agent's Annual Statement Summary Loan Statements; Rate notices and other expenses	NO	YES	
<b>6. Capital Gains</b> Relates to the sale of assets acquired after 19/09/85 and includes rental properties, land, shares, units in unit trusts, art, coin collections, etc. Please provide the following details: Original purchase price and date of purchase, copy of settlement statement Selling price and date of sale, copy of sale settlement Costs of acquisitions (e.g. legals, stamp duty, etc.) Costs of sale (e.g. commission, legals, advertising, correspondence from Real Estate Agents, etc.)	NO	YES	
<b>7. Foreign source income (including foreign pensions)</b>	NO	YES	
<b>8. Bonus from life insurance or friendly society policy</b>	NO	YES	
<b>9. Other income (please specify)</b>	NO	YES	

**Norman Wicks & Co Pty Ltd**

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DEDUCTIONS	NO	YES	ATTACHED
<b>D1. Work Related car expense claims (motor vehicle claims)</b> <i>If claim is less than 5000 kms</i> • Total no. Kims travelled • Engine Capacity of Car (please circle applicable) <1.6L    1.6L - 2.6L    >2.6L  <i>If using log book (or other method)</i> Business use % (from log book), Registration, Insurance and RACQ, Fuel and oil (or estimate of total kms traveled if unknown), Repairs and maintenance, Details of vehicle Loan, HP or Lease, Invoice and Finance contract from purchase. <i>Note: Log Books are valid for 5 years.</i>	NO	YES	
<b>D2. Other work related travel expenses</b>	NO	YES	
<b>D3. Work related uniform and other clothing expenses</b> Protective Clothing, Occupation Specific Clothing, Non-compulsory uniform, Laundry (up to \$150 without receipts)	NO	YES	
<b>D4. Work related self education expenses (formal courses)</b> Student Union fees, Course fees (excluding HECS payments), Travel, Text Books, Other (please specify)	NO	YES	
<b>D5. Other work related expenses</b> Seminars and courses not at an education institution but related to your work Home office expenses (electricity, office furniture) Computer / software or other Depreciable Equipment Purchased Mobile / Home Phone Tools and equipment Subscriptions, union fees or professional body fees Income Protection Insurance Expenses in relation to allowance received Sun protection - if work outdoors (hats, sunglasses, sunscreen) Other work deductions (please specify)	NO NO NO NO NO NO NO NO NO NO	YES YES YES YES YES YES YES YES YES YES	
<b>D6. Interest and dividend deductions (eg loans for shares etc)</b>	NO	YES	
<b>D7. Gifts and donations, including to political parties</b> (*Purchase from a charity does not qualify)	NO	YES	
<b>D8. Cost of managing tax affairs (eg tax agent fees)</b>	NO	YES	
<b>D9. Non-employer sponsored (personal) superannuation contributions</b>  Full name of Fund _____  Policy Number _____ (Please enclose section 290-170 Notice if you intend to claim a deduction)	NO	YES	
<b>D10. Other deductions (please specify)</b>	NO	YES	

ADJUSTMENTS			ATTACHED
<b>A3. Superannuation</b>			
Members Personal Contribution	NO	YES	
Statement of your Retail Superannuation Fund	NO	YES	
TAX OFFSETS AND REBATES			
<b>T1. Do you have a dependant spouse, or dependant children?</b>	NO	YES	
Provide full details including date of birth and other income			
<i>Spouse includes married de facto and dependants include any child under 21 years of ages and full time students under the age of 25 (income and benefit limits apply)</i>			
Are you claiming any benefits through Centrelink?	NO	YES	
<b>T2. Do you have Private Health Insurance?</b>	NO	YES	
Please provide the annual "Private Health Insurance Annual Statement" issued by your fund concerning contributions			
<b>T4. Superannuation contributions on behalf of spouse</b>	NO	YES	
Please complete the Spouse and Dependants Section (Item T1)			
<b>T5. Do you live in a remote zone or did you serve overseas with the Defence Force this year?</b>	NO	YES	
<b>T6. Do you have net (out of pocket) medical expenses over \$2,000 benefit 2010/2011</b>			
Please provide all details including your Medicare number, Annual Claims Transaction Report from Medicare & Health Fund			
<b>T8. Did you have Primary or Secondary School Aged Children and have spent money on laptops, home PC, computer repairs, home internet, text books, printing or stationery?</b>			
Please note you are only eligible to claim this if you receive Family Tax Benefits Part A. (Provide Details)			
OTHER			
<b>1. HECS/HELP</b>			
Amount of your accumulated HECS/HELP Debt as at 30/06/11	NO	YES	
<b>2. Did you receive any benefit from an Employee Shares Acquisition Scheme?</b>	NO	YES	

**5. Electronic Refund**

Please provide bank account details as listed for ATO electronic payment

BSB Number	Account Number	Account Name

**CLIENT DETAILS**

1. Please advise if your address and/or contact details have changed

Changed Name
Changed Address
Changed Phone No's
Email Address

2. (For new clients only) Please Supply details of your Tax File Number, full name(s); residential and postal addresses; telephone; fax and email contacts; date of birth; occupation; name of your spouse/partner; and a copy of your prior year's Tax Return and Notice of Assessment

This checklist is to assist you in providing all the information we require to complete your return in a timely manner.

If you require further assistance with the above checklist please contact Margaret or Sue.

Please contact Sue to make an appointment to see Margaret, Norman or post the above information to PO Box 500, Toowong, 4066.