

Please save this checklist locally before you begin

NAME:			
ADDRESS:			
PHONE:			
EMAIL:			

Please find below a list of information we require in order to complete your income tax return:

Information Required	Information Provided	Not Applicable
A copy of your income statement(s) from your employer(s)		
Details of any interest income received		
 Details of any dividends or distributions received (including tax statements and dividend summaries) 		
 Details of any sales/redemptions of shares or units (including initial cost and sale amount) 		
Details of any investment property income and expenses: Refer to Rental Property Checklist		
Details of any cryptocurrency traded or sold during the financial year		







Information Required	Information Provided	Not Applicable
Details of the sale of any property (excluding your main residence) or the sale of any other business or investment asset (including the original cost)		
Copy of Private Health Insurance annual statement		
Details of any work related expenses including:		
- Did you have any work-related training or education expenses? If so, how	much did you ¡	pay?
 Did you have any work-related travel costs (accommodation/flights etc)? pay? 	If so, how mucl	n did you
 Did you purchase any uniforms or protective equipment during the year? pay? 	If so, how muc	h did you
- Did you have any income protection insurance? If so, how much did you p	ay?	
- What % of your mobile phone would have been work-related and how month?	uch do you pay	per
- What % of your internet would have been work-related and how much do	o you pay per m	onth?
- If you have a dedicated home office, how many hours would you have spe	nt working in it	?
- Details of any other work-related expenses		







Information Required	Information Provided	Not Applicable
 How many kilometres did you travel for work purposes (not including from work to home and home to work)? 		
 Interest paid associated with borrowing to acquire any investments 		
Details of any income or expenses from business activities or other sources		
 Please advise the number of dependent children (if any) and any Child Support paid 		
Details of any donations made to deductible gift recipient charities		
 Did you make any additional contributions (not including any amounts paid by your employer) to superannuation? If so, please provide a copy of your notice of intent to claim form. If you have not complete a notice of intent to claim please provide the following information: 		
- The name of the superfund		
- The ABN of the superfund		
- Your member number		
- The amount of additional contributions		





Information Required	Information Provided	Not Applicable
If we do not complete your spouse's tax return, please provide us with details of their taxable income for the year		
If we did not complete your prior year tax return, please provide us with a copy of last year's tax return		
Any other information relevant for the current financial year		

Contact us

- (02) 4044 1245
- @ admin@activeaccountinggroup.com.au

- BELMONT 587 Pacific Hwy Belmont, NSW 2280
- MAILING ADDRESS
 PO Box 687 Hamilton, NSW 2303



