



O'Brien Bousamra & Co Pty Ltd

Individual's Tax Return Checklist Year: _____

Full name:						
Home address:						
Email address:						
Occupation:						
Telephone:	Home:		Business:		Mobile:	
Date of birth:						
Spouse's name:				Spouse's date of birth:	___ / ___ / _____	
	Estimate of taxable income if not O'Brien Bousamra client				\$	

TO: O'Brien Bousamra & Co Pty Limited.

Please proceed with completion of tax work using the material I have attached, as indicated with a tick (☐) below:

.....

___ / ___ / _____

Signature

Date

INCOME			
<input type="checkbox"/>	PAYG Summaries, Government Pension Statements		
<input type="checkbox"/>	Allowances / other benefits not on PAYG Summaries		
<input type="checkbox"/>	Lump Sum Payments / ETP Payment Summary Statements		
<input type="checkbox"/>	Australian Annuity or Superannuation Pension Statement		
<input type="checkbox"/>	Interest Received / TFN Tax		
<input type="checkbox"/>	Dividends received (including dividend reinvestment)		
<input type="checkbox"/>	Partnership / Trust Distributions		
<input type="checkbox"/>	Business Income – please complete Business Income Checklist		
<input type="checkbox"/>	Consulting Income / Directors fees		
<input type="checkbox"/>	Capital gains on disposed assets (purchase and sale information of assets sold)		
<input type="checkbox"/>	Foreign Pensions / Annuities		
	Rental Properties:		
<input type="checkbox"/>	Agent Fees and Commissions	<input type="checkbox"/>	Gardening and Pest Control
<input type="checkbox"/>	Body Corporate Levies	<input type="checkbox"/>	Furniture and fitting replacement
<input type="checkbox"/>	New Loan Costs	<input type="checkbox"/>	Water Rates
<input type="checkbox"/>	Council & Water Rates	<input type="checkbox"/>	Travel Costs
<input type="checkbox"/>	Loan interest and Bank Charges	<input type="checkbox"/>	Quantity Surveyor's report
<input type="checkbox"/>	Repairs and maintenance	<input type="checkbox"/>	New Asset

DEDUCTIONS	
<input type="checkbox"/>	Motor Vehicle Expenses *
<input type="checkbox"/>	Work related Travel Expenses *
<input type="checkbox"/>	Work related taxis, tolls, parking
<input type="checkbox"/>	Protective clothing / Compulsory uniform costs
<input type="checkbox"/>	Work related self education expenses *
<input type="checkbox"/>	Union Fees (not on PAYG Summaries)
<input type="checkbox"/>	Professional Association subscriptions
<input type="checkbox"/>	Work related home office expenses - please specify business proportion ____%
<input type="checkbox"/>	Trade journals, books, professional libraries
<input type="checkbox"/>	Tools of Trade
<input type="checkbox"/>	Income Protection / Sickness & Accident insurance
<input type="checkbox"/>	Work related telephone expenses - please specify business proportion ____%
<input type="checkbox"/>	Work related computer / software - please specify business proportion ____%
<input type="checkbox"/>	Superannuation contributions (self employed only)
<input type="checkbox"/>	Expenses related to dividend / interest income
<input type="checkbox"/>	Gifts or donations (not raffles)
<input type="checkbox"/>	Tax agent costs (if not O'Brien Bousamra)
	* Please complete "Additional Information Checklist"

CREDITS / REBATES	
<input type="checkbox"/>	Private Health Details (hospital cover)
<input type="checkbox"/>	Dependant's details
<input type="checkbox"/>	H.E.L.P (HECS) debt
<input type="checkbox"/>	Annual Medicare & Private Health Fund Statements
<input type="checkbox"/>	Medical Expenses – over \$1,500.
<input type="checkbox"/>	Medicare Exemption forms
<input type="checkbox"/>	Undeducted Purchase Price of a Pension / Super Contributions on behalf of spouse

.....

Name

.....

Tax Year

.....

Signature

___ / ___ / _____

Date

Thank you for completing this document. If you have any questions in relation to any of the checklist items, please call our office on (02) 9907 2733 or email at admin@obb.net.au. Checklists can be downloaded from our website www.obb.net.au.