Eastwoods
ADVISORY
CHARTERED ACCOUNTANTS

2026 Income Tax Return Checklist

Year ended 30 June 2026

1 Personal Details

TAX FILE NUMBER

ABN (IF APPLICABLE)

DIRECTOR ID

Gender: ☐ Male ☐ Female ☐ Other

FULL NAME

RESIDENTIAL ADDRESS

POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)

DATE OF BIRTH

/ /

DD / MM / YYYY

PLACE OF BIRTH

OCCUPATION

TELEPHONE – WORK

TELEPHONE – HOME

MOBILE

FAX

EMAIL

2 Refund Details (Electronic Funds Transfer)

ACCOUNT HELD IN NAME OF

Account type: ☐ Savings ☐ Cheque ☐ Cash Management ☐ Other

BSB

BANK

ACCOUNT NUMBER

3 Family Details

SPOUSE DETAILS

NAME

OCCUPATION

DATE OF BIRTH

/ /

DD / MM / YYYY

TAX FILE NUMBER

TAXABLE INCOME

REPORTABLE FRINGE BENEFITS

REPORTABLE EMPLOYER SUPER

CHILDREN

CHILD 1 – NAME

D.O.B.

/ /

DD / MM / YYYY

CHILD 2 – NAME

D.O.B.

/ /

DD / MM / YYYY

CHILD 3 – NAME

D.O.B.

/ /

DD / MM / YYYY

4 Preferences & Identification

REFERRAL SOURCE

Preferred delivery method: ☐ Digital (encrypted) ☐ Paper

DRIVER'S LICENCE NO.

EXPIRY

/ /

DD / MM / YYYY

PASSPORT NO.

EXPIRY

/ /

DD / MM / YYYY

5 Employment Income (PAYG Payment Summaries)

EMPLOYER 1 – DETAILS

EMPLOYER 2 – DETAILS

6 Other Income (Untaxed)

SOURCE

GROSS INCOME $

7 Interest Earned on Bank Accounts

BANK	BSB	ACCOUNT NO.	TFN TAX $	AMOUNT $

Please indicate if the account is jointly held.

8 Distributions from Trusts / Partnerships / Managed Funds

DETAILS	AMOUNT $

If an Investment Schedule or Annual Tax Statement was provided, please supply a copy.

9 Dividends Received

PROVIDE HIN/SRN

Dividends received: ☐ Yes ☐ No

NAME OF COMPANY	UNFRANKED AMT $	FRANKED AMT $	IMPUTATION CREDIT $

10 Other Income (rental, foreign, sale of shares / property, etc.)

Other income received: ☐ Yes ☐ No

DETAILS $	DETAILS $

Please supply all relevant documents, including purchase and sale documentation where investments were sold.

11 Private Health Insurance

Private Health Insurance Cover: ☐ Yes ☐ No

MEMBERSHIP NO.

FUND

LEVEL OF COVER

DATE COMMENCED

/ /

DD / MM / YYYY

Rebate Claimed: ☐ Yes ☐ No

Important – if you do not have family hospital cover, you may be subject to the Medicare Levy Surcharge for your children if you are over the family income thresholds.

12 Accounting / Tax Agent Fees

TAXATION $

Receipts held: ☐ Yes ☐ No

13 Ongoing Financial Planning Fees

ONGOING FINANCIAL PLANNING FEES $

FINANCIAL PLANNER

FINANCIAL PLANNING FIRM

14 Bank Charges / Interest

Bank charges and interest are deductible only on accounts used for investment purposes.

ACCOUNT FEES $

INTEREST $

DEBIT TAX $

15 Computer / Internet Access Expenses

INTERNET PROVIDER

DESCRIPTION

DATE OF PURCHASE

/ /

DD / MM / YYYY

AMOUNT $

/ /

DD / MM / YYYY

Maintained a 30-day computer diary? ☐ Yes ☐ No

PERCENTAGE OF BUSINESS USE %

The ATO require substantiation to claim your internet usage. Please see the Internet Substantiation information sheet under Resources on our Eastwoods website.

16 Professional Library, Reference Journals & Home Office Equipment

ITEM	DATE OF PURCHASE	AMOUNT $
	/ / DD / MM / YYYY	
	/ / DD / MM / YYYY	

Receipts held: ☐ Yes ☐ No

17 Donations

INSTITUTION	AMOUNT $

Receipts held: ☐ Yes ☐ No

18 Home Office

Home office: ☐ Renting ☐ Homeowner

Do you have a separate study? ☐ Yes ☐ No

HOURS USED PER WEEK	NUMBER OF WEEKS

Reasonable estimate rate: 70 cents per hour.

Reasonable Estimate Based On: ☐ Log Book ☐ Diary ☐ Other

The ATO require substantiation to claim your home office hours. Please see the Home Office information sheet under Resources on our Eastwoods website.

19 Loss of Income Insurance

Loss of Income Insurance: ☐ Yes ☐ No

COMPANY

POLICY NO.	INSURED BENEFIT $	PREMIUMS PAID $

20 Motor Vehicle Travel

Travel between places of employment.

KILOMETRES TRAVELLED | VEHICLE | ENGINE CAPACITY

REGISTRATION NO.

Reasonable Estimate Based On: ☐ Log Book ☐ Diary ☐ Other

21 Other Sundry Expenses

e.g. briefcase, protective clothing, union fees, calculator.

Receipts held: ☐ Yes ☐ No

DETAILS $ | DETAILS $

DETAILS $ | DETAILS $

22 Stationery, Photocopying, Repairs & Maintenance of Equipment

Receipts held: ☐ Yes ☐ No

PRINTING, STATIONERY & PHOTOCOPYING $ | OTHER $

REPAIRS & MAINTENANCE OF EQUIPMENT $ | OTHER $

23 Seminars, Conferences, Study & Exam Expenses

Receipts held: ☐ Yes ☐ No

DATE	DESCRIPTION	AMOUNT $
/ / DD / MM / YYYY		
/ / DD / MM / YYYY		

Duration longer than six (6) nights? ☐ Yes ☐ No If yes, did you keep a travel diary? ☐ Yes ☐ No

24 Subscriptions / Membership (employment / business related)

Receipts held: ☐ Yes ☐ No

REGISTRATION $

OTHER $

OTHER $

MEDICAL DEFENCE $

OTHER $

OTHER $

25 Telephone – Home Office

PHONE BILLS (EXCLUDING RENTAL) $

BUSINESS USE % OR CALLS PER WEEK

The ATO require substantiation to claim telephone expenses. Please see the Mobile Phone information sheet under Resources on our Eastwoods website. These substantiation requirements also apply to your home telephone calls.

26 Mobile

COST $

DATE OF PURCHASE (IF THIS FINANCIAL YEAR)

/ /

DD / MM / YYYY

TOTAL CALL EXPENSES $

RENTAL $

BUSINESS USE %

Reasonable Estimate Based On: ☐ Log Book ☐ Diary ☐ Other

The ATO require substantiation to claim mobile phone expenses. Please see the Mobile Phone information sheet under Resources on our Eastwoods website.

27 HELP / SFSS Debt

Do you have an outstanding HELP / SFSS Debt? ☐ Yes ☐ No

AMOUNT (HELP) $

AMOUNT (SFSS) $

YEAR STUDENT SUPPLEMENT LOAN TAKEN

Please provide your Schedules from the Tax Office.

28 Services You Would Like to Know More About

☐ Superannuation Planning

☐ Wealth Accumulation

☐ Risk Insurance (Life / Income Protection)

☐ Loans

☐ Salary Sacrifice

☐ Other

OTHER – PLEASE SPECIFY