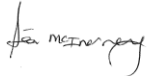


CLIENT TAX RETURN CHECKLIST

Dear Client,

We seek your co-operation to provide us with the following information which will assist us in considering your claims. Penalties may apply if your claims are disallowed. If the space provided on this schedule is not sufficient, please provide the details on a separate sheet.

Regards,



Your name:..... Tax File Number:.....
 Occupation(s):.....
 Address:.....
 Contact Phone Numbers: Daytime:.....
 Other:

INTEREST RECEIVED DETAILS

Name of Bank, Etc	A/C Number	A/C Name	Gross Interest	FID,FDT, Bank Fees	Withholding tax
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

DIVIDENDS NO YES

Name of Company	Unfranked Amount	Franked Amount	Imputation Credit	TFN amounts deducted
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

MOTOR VEHICLE EXPENSES

Method	Amount Claimed \$	Have you kept written evidence and/or other records? Please tell us what type.
Cents per Kilometre	\$	
Log Book	\$	
1/3 of actual expenses	\$	
12% of original value	\$	

Please explain why you used your motor vehicle for work purposes. If you made a claim using the cents per kilometre method, us how you made your estimate of business kilometres: _____

OTHER TRAVEL EXPENSES

Expense Type	Amount Claimed \$	Have you kept written evidence and/or other records? Please tell us what type.
Accommodation		
Meals		
Incidentals		
Transport Expenses		
Other (please specify)		
Total	\$	

Please explain why you incurred these expenses for work purposes: _____

ANY ADDITIONAL RELEVANT INFORMATION

UNIFORM, CLOTHING, AND LAUNDRY EXPENSES

Clothing Expenses Type	Amount Claimed \$	Have you kept written evidence and/or other records? Please tell us what type.
Protective		
Occupation Specific		
Compulsory uniforms		
Non-compulsory uniforms		
Conventional		
Laundry		
Other		
Total	\$	

Please provide a brief description of the clothing and explain why you need to use these clothes for work purposes: _____

SELF EDUCATION EXPENSES

Expense Type	Amount Claimed \$	Have you kept written evidence and/or other records? Please tell us what type.
Fees		
Accommodation		
Books, Stationery, ETC		
Other (please specify)		
Total	\$	

Please explain how these expenses relate to your income: _____

When did you commence the course? _____ Name of course: _____
 Institution: _____

OTHER WORK EXPENSES

Expense Type	Amount Claimed \$	Have you kept written evidence and/or other records? Please tell us what type.
Union		
Home Office (please specify)		
Tools		
Overtime Meals		
Other (please specify)		
Total	\$	

Please explain how these expenses relate to your income. If you have estimated the work related portion of an expense, e.g. telephone, tell us how you calculated the amount: _____

ANY ADDITIONAL RELEVANT INFORMATION

Your Declaration:

I declare that the information I have given is true and correct and that I hold the necessary written evidence to support my claims.

Signature: _____

Date: _____