



ROVA PARTNERS

**PO BOX 23
ST PAULS NSW 2031**
rovapartners@rovapartners.com.au

Tel: 02 8014 4238
 Fax: 02 8014 4239

Date: _____

Whether you are delivering your documents to our office or have arranged an appointment with one of our accountants, please answer the following questions or use this document as a guide for summarizing your tax return details. Please attach all relevant documentation prior to forwarding the checklist.

Surname:	First Name:
Current Address:	
Preferred Telephone No:	Email Address:
Occupation:	Date of Birth:

Income

YES NO

PAYG Group Certificates/Jobsearch/Austudy or other Benefits. Please list and enclose the supporting documents within.

Name Only
PAYG Payment Summary-

Interest Received

YES NO

Please ensure that interest from all bank accounts is included. If you have a joint account only show your share and mark joint account.

Name of Bank	Account Number	Interest \$ (My Share)	Joint Account Yes/No

Dividends Received

YES NO

Please place any dividend statement(s) within.

Company	Unfranked	Franked	Imp. Credit

Other Income

YES NO

Did you receive income from other sources such as Managed Fund Investments, Share Sales, Foreign Income, Rental Property or Business Income. If yes please write a description below and enclose the supporting documentation within.

Other Issues

YES NO

Please write down any issues of concern or matters that you would like further advice on such as Negative Gearing, Business Advice, Asset Protection, Tax Effective Investments, Salary Packaging, Centrelink Entitlements, Tax Planning, Insurance, Superannuation, Home or Business Loans and Bookkeeping.

Deductions

List all expenses that you have made during the year that you believe may be a tax deduction. If you require more space, please provide further information on a separate page and enclose within. **We will contact you in regards to rebates and other deductions that you may be entitled to claim.**

Type of Expenditure	Amount
Motor Vehicle Expenses	
(In general a tax deduction is not allowed for driving between home and work, however you may wish to discuss this claim further with the tax consultant)	
What type of car do you own : Year: Model:	
Engine Capacity (Litres):	
Did you keep a logbook? Yes: No:	
How many business km's did you travel?	
Travel Expenses (The travel must be work related)	
Public Transport	
Taxi/Bus/Train	
Overseas	
Other	
Self Education Expenses (The course must relate to your current employment)	
Course Fees	
Textbooks/Stationery	
Internet/Telephone Expenses	
How many hours do you study from home per week?	
Travel Expenses	
Do you drive between work and the place of study?	
Professional Development Courses/Seminars	
Other	
Clothing Expenses (the clothing must either be protective, occupation specific or compulsory)	
Uniform	
Protective Clothing	
Laundry	
Dry Cleaning	
Clothing Alterations	
Sun Protection Expenses	
Other Expenses (Please specify % for work usage)	
Telephone Home	
Telephone Mobile	
How many hours do you work from home per week?	
Internet Expenses	
Stationery	
Computer Expenses	
Tools/Materials	
Computer Expenses	
Briefcase/Luggage	
Union Fees/Memberships	
Books/Magazines/Journals	
Donations	
Did you purchase any desks, chairs, bookshelves or other home office items?	
Parking/Tolls that you were not reimbursed for	
Previous Tax Agents Fee's and Other Professional Fee's	
Other Expenses	

If you require more space, please provide further information on a separate page and enclose within.

Did you incur medical costs that exceeded \$1,500 net of Health Insurance & Medicare refunds

YES NO

If yes, please summarise on a separate page and enclose within.

Do you have a Health Fund?

YES NO

If yes, please provide the year-end Tax Statement.