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Director



BeFinancial  
is a CPA Practice

# BeFinancial

ACCOUNTING & BUSINESS SOLUTIONS

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## TAX RETURN CHECKLIST

Welcome to BeFinancial

Please see the below checklist for the details and documents required for your appointment.

|                         |  |
|-------------------------|--|
| <b>Full Name:</b>       |  |
| <b>Date of Birth:</b>   |  |
| <b>Tax File Number:</b> |  |
| <b>Address:</b>         |  |
| <b>Postal Address:</b>  |  |
| <b>Email Address:</b>   |  |
| <b>Mobile Number:</b>   |  |

### ITEMS REQUIRED

|                                                                                                                                                                                       | Attached ✓ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Prior year tax return                                                                                                                                                                 |            |
| <b>INCOME</b>                                                                                                                                                                         |            |
| <b>PAYG Payment summary</b>                                                                                                                                                           |            |
| <b>Summary of interest</b> earned from bank accounts                                                                                                                                  |            |
| <b>Dividend or managed fund income</b> (copies of dividend and managed fund statements)                                                                                               |            |
| <b>DEDUCTIONS</b>                                                                                                                                                                     |            |
| <b>Motor vehicle travel</b> (any km's travelled for work purposes. Travel to and from work not included unless carrying sensitive info or heavy equipment)                            |            |
| <b>Uniform/clothing with logo or protective clothing</b> – amount purchased                                                                                                           |            |
| <b>Internet</b> – amount per month and percentage of work-related use                                                                                                                 |            |
| <b>Phone</b> (home and mobile) – amount per month and percentage of work-related use                                                                                                  |            |
| <b>Home office</b> – hours spent using your home office per week                                                                                                                      |            |
| <b>Purchase of any computers, hard drive, iPad and accessories, Printing costs or any other expense</b> items related to work – Item, amount and date of purchase (for items > \$300) |            |
| <b>Union fees</b> – amount p.a.                                                                                                                                                       |            |
| <b>Income protection</b> – amount p.a (does not include life insurance or trauma)                                                                                                     |            |
| <b>Accountants fee</b> from last year's tax return                                                                                                                                    |            |
| <b>Donations</b> made – amount p.a.                                                                                                                                                   |            |
| <b>OTHER</b>                                                                                                                                                                          |            |
| <b>Private health insurance</b> – Have statement available at your appointment                                                                                                        |            |

BANK ACCOUNT DETAILS – for tax refunds to be credited to

|                             |  |
|-----------------------------|--|
| <b>Banking Institution:</b> |  |
| <b>Name of Account:</b>     |  |
| <b>BSB:</b>                 |  |
| <b>Account Number:</b>      |  |

Should you have any queries prior to your appointment, please feel free to contact our office.

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