

2025 PERSONAL INCOME TAX WORKSHEET

TAXPAYER DETAILS

Surname		Contact Number	
First Name		Contact Email	
Occupation			
Residential Address			

FAMILY RELATIONSHIPS

Spouse Name			
Spouse Date of Birth			
Spouse Taxable Income (if tax return 'not prepared by our office)			
No of Dependent children			
Child's Name		Child's DOB	
Child's Name		Child's DOB	
Child's Name		Child's DOB	
Child's Name		Child's DOB	

PRIVATE HEALTH INSURANCE DETAILS

Health Fund Name		Membership Number	
Hospital or Extras		Period Covered	
Who else is covered			
Health Fund Name		Membership Number	
Hospital or Extras		Period Covered	
Who else is covered			

INCOME (Please complete if missing from Pre-fill)

SALARY AND WAGES

Employer			
Gross Wages		PAYG W/H	
Employer			
Gross Wages		PAYG W/H	
Employer			
Gross Wages		PAYG W/H	

ALLOWANCES				
Employer				
Type of Allowance		Amount		
Employer				
Type of Allowance		Amount		
Employer				
Type of Allowance		Amount		
INTEREST INCOME (Please complete if missing from Pre-fill)				
Financial Institution	Account Number	Interest	Your share	TFN Tax Deducted
DIVIDEND INCOME (Please complete if missing from Pre-fill)				
Company	HIN/SRN		No. of shares	Are they jointly held?
If details are not shown on the ATO Pre-fill report you will be required to provide dividend statements				
OTHER INVESTMENT INCOME - Trusts, Stapled Securities, Managed Funds (Please complete if missing from Pre-fill)				
Managed Fund/Trust				
If details are not shown on the ATO Pre-fill report you will be required to provide distribution statements				
If you are a beneficiary of a private trust, provide a copy of the distribution statement from the trust tax return				

CAPITAL GAINS TAX EVENTS - This question MUST be answered

Did you dispose of any assets during the year? For example: shares, crypto, property, investments?	Y	N
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If so, please provide details.

For property sales please provide copies of contracts, statements of adjustments, legal fees, agent fees, stamp duty, loan docs etc

Details	Quantity	Purchase Date	Purchase Cost
		Sale Date	Sale Consideration
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		Sale Date	Sale Consideration

WORK RELATED TAX DEDUCTIONS

Generally no tax deduction is allowed in respect of work related expenses unless the claim can be substantiated by documentary evidence such as receipts and invoices. **Were you reimbursed by your employer?**

TRAVEL EXPENSES		
Are your 'Travel Expenses' deductible under a Union, EBA or employment agreement?	Y	N
EXPENSES	TOTAL	
Tolls		
Parking		
Car Hire		
Accommodation		
Taxis/Uber/Ride Share		
Airfares		
Public Transport		
Meals		
Other (Provide details)		

CLOTHING & UNIFORM EXPENSES		
Are you required to wear a compulsory uniform or protective clothing?	Y	N
EXPENSES	TOTAL	
Uniform (provide details)		
Uniform (provide details)		
Uniform (provide details)		
Protective or compulsory footwear		
Outdoor/Wet weather Protection		
Sun protection clothing		
Non-slip footwear		
Repairs or Alterations		
Laundry (\$1 per load or .50c for mixed loads) Max \$150		
Other (Provide details)		

SELF EDUCATION EXPENSES		
In order to claim a deduction the course must: Maintain or improve skills or knowledge required for your current work, be likely to lead to increased income from your current work and have a direct connection to your current work activities.		
Will the self education contribute to a salary increment or help secure a promotion	Y	N
EXPENSES	TOTAL	
Course Fees		
Textbooks		
Travel Expenses		
Stationery or Supplies		
Other (Provide details)		

OTHER WORK RELATED EXPENSES				
You can't claim a deduction if the cost was met or reimbursed by your employer				
Have you calculated work use % using a diary or by reviewing invoices for work use			Y	N
EXPENSES	DETAILS		TOTAL	
Apps or Computer Programs/Software				
Books & Journals				
Computer Supplies				
Materials				
Postage				
Professional Memberships				
Seminars, Courses & Conferences				
Stationery				
Subscriptions				
Sun Protection (If working prolonged periods outside)				
Tools (under \$300 each)				
Union Fees				
Equipment (under \$300)				
Other (Provide details)				
Other (Provide details)				
Other (Provide details)				
Equipment/Tools (over \$300) Please provide copy of invoice	Work Use %	Date Purchased	Cost	
Telephone (A diary reviewing one month of call logs to calculate the percentage of work-related use is required)	Work Use %		Annual Cost	
Internet (4 week diary detailing work-related hours is required to calculate work use %. Consider household occupancy in calculation)	Work Use %		Annual Cost	
Working from Home (Ensure that you have kept a diary detailed hours worked from home) . Note that if this method is used internet, phone and stationery are <u>unable</u> to be claimed		Total Hrs		

GIFTS TO CHARITIES	
Ensure that you have been provided with a receipt from an organisation that has a deductible gift recipients (DGR) status	
Name of Charity	TOTAL

COST OF MANAGING TAX AFFAIRS	
Name of Tax Agent	TOTAL

PERSONAL SUPERANNUATION CONTRIBUTION		
Provide a copy of the 'Acknowledgement of Intention to Deduct' from your Superannuation Fund		
Superannuation Fund	Contribution Amount	Payment Date

INCOME PROTECTION POLICY		
Policy Provider	Policy Number	Amount Paid

OTHER	
Details	TOTAL

I confirm that the above is true and correct and I have the substantiation documentation to support the information provided.

Name: _____

Signature: _____

Date: _____