



2025 INDIVIDUAL TAX RETURN CHECKLIST

Name	
Mobile Number <i>(A two factor authentication pin will be sent to this number to receive your personal tax correspondence)</i>	
Address	
Email <i>(This email will be used for personal tax information/ electronic signing in conjunction with the two factor authentication pin)</i>	
Occupation	
Account BSB	
Account Number	
Account Name	

INCOME

Provide Statements if Applicable

Rental Property (See Checklist)

Capital Gains (Did you sell any assets?)

Lump Sum & Termination

Dividend Statements

Business Income (Call to discuss)

Employee Shares

Government Payments

Annual Tax Statement - Managed Funds

Foreign Income

Crypto Tax Reports

Interest Income

PO Box 407, Albany Creek QLD 4035
Phone: 07 3519 7680

"Liability limited by a scheme approved under Professional Standards Legislation"

DEDUCTIONS (ENSURE YOU KEEP RECEIPTS)

You can either send through your receipts or complete the table below. This list is not exhaustive so please contact us if you believe you have other deductible expenses to review

Deduction	Amount (\$)	Notes
Travel <i>Fares & Accommodation</i>		
Laundry <i>Do you wear a logo uniform, protective wear, etc. have you purchased any uniforms etc?</i>		
Donations		
Self Education <i>Must be related to current job</i>		
Unions & Registrations		
Tools <i>Must provide receipts if > \$300</i>		
Subscriptions & Memberships		
Telephone (Provide work % Usage and \$) <i>Do not complete if also completing WFH schedule (see pg 5)</i>		
Income Protection Insurance <i><u>Must</u> attach copy of your tax deduction notice</i>		
Computer/ Laptop/ Ipad/ Phone Purchase <i>Require amount & date of purchase</i>		
Personal superannuation deductions <i>Please provide intent to claim letter</i>		

Did you use a Motor Vehicle for work travel? <i>See Page 4: Please complete attached motor vehicle schedule, note does not include travel to/from work unless in specific circumstances (contact us if unsure)</i>	YES	NO
Did you work from a home office? <i>See Page 5: Please complete attached work from home schedule</i>	YES	NO

PO Box 407, Albany Creek QLD 4035
Phone: 07 351 97680

“Liability limited by a scheme approved under Professional Standards Legislation”

FINANCIAL REVIEW

Would you like our finance team to review your home loan?	YES	NO
Would you like a recommendation to a financial planner? <i>Financial Planners can assist with your financial affairs, including insurances (life/ income protection/ trauma) investments, superfund balances, retirement planning etc)</i>	YES	NO
Would you like a recommendation for a Will/ Estate Planning Lawyer? <i>Keeping your Will/ Estate Planning up to date is extremely important</i>	YES	NO

OTHER

Did you have a spouse during the year? <i>If we are not completing their return jointly, please provide the following</i>	YES	NO
Spouse Taxable Income <i>Leave blank if we are completing joint tax returns</i>		
Spouse Full Name & DOB <i>Leave blank if we are completing joint tax returns</i>	DOB: Full Name:	
Number of dependent children		
Did you have Private Health Insurance (HOSPITAL COVER) for the full financial year (365 days)? Were you and all of your dependents (children and spouse) covered under a Hospital policy?	YES YES	NO NO
Did you pay child support during the year? If so, how much		
Would you like a complimentary RP Data Report prepared for your property/ies? If yes, please provide the address(es)		

2025 MOTOR VEHICLE TRAVEL CHECKLIST

Note: if your car is under a novated lease we cannot claim any car use on your tax return

Option 1 – Cents per kilometer method

If you travelled less than 5,000 km provide number of km's travelled <i>(must keep a diary of km's travelled for audit purposes)</i>	
--	--

Option 2 – If you travelled more than 5,000 km and kept a logbook, please provide the following

Vehicle Make & Model	
Date Purchased (if not previously provided)	
Purchase Price (if not previously provided)	
Fuel	
Insurance	
CTP	
Repairs & Maintenance	
Tyres	
Parking & Tolls	
Cleaning	
Registration	
Business Usage % (Logbook%)	

If you purchased a new vehicle during the year, provide the

- PURCHASE INVOICE
- FINANCE CONTRACT
- TRADE IN/ SALE DETAILS (IF APPLICABLE)

Dream Financing also offers sources competitive car finance for personal use and business usage. Contact our finance team for more informati



2025 WORK FROM HOME CHECKLIST

Fill in both sections or we will calculate the best method per your information provided.

Option 1 – Fixed rate method

- Using this method you do not have to have a dedicated home office
- We cannot claim mobile, internet, electricity, consumables, stationery
- In the case of an audit you will need a record/log of your working from home hours for the year

Number of hours worked from home for year: <i>You must keep a diary/ logbook of these hours in the event of an audit</i>	
New assets purchased – computers, furniture <i>Please provide dates and prices and keep all invoices</i>	
Any repairs and maintenance on assets	
Cleaning (if you have a dedicated home office) <i>Provide annual cost, as well as square footage of home and of office</i>	

Option 2 – Actual cost method

Square metreage of total home: _____

Square metreage of home office: _____

	Total annual cost (\$)	Work % based on 4 week logbook
Internet (cost and % relating to work)		
Mobile and home phone		
Electricity and Gas		
Computer consumables		
Stationery		
New assets purchased – include date, cost and item		
External Cleaning (if dedicated home office)		

PO Box 407, Albany Creek QLD 4035
Phone: 07 351 97680

“Liability limited by a scheme approved under Professional Standards Legislation”