



KGL Accountants

END OF YEAR CHECKLIST

PERSONAL INFORMATION CHECKLIST

Full Name(s): _____

COMPLETED

* Bank Account Details - essential if you are entitled to a tax refund

Account Name: _____

BSB: _____

Account Number: _____

* PAYG Payment Summaries from all employers throughout the year

* Interest Statements
Dividend Statements

* Personal Accident Policy or Income Protection Insurance, please provide details
Company _____ Premium _____

* Details of Superannuation Contributions including Sec 82AAT Notice.
Name of Fund _____ Policy No _____ Premium _____

Please provide all pension/superannuation annuity PAYG summaries for the year. Ensure you include all correspondence from Superannuation Fund detailing your deductible offset amounts.

* Details of Private Health Cover. You will need to enclose annual statement.
Name of Fund _____

Medicare No. together with details of " out of pocket" medical expenses paid over \$ (please call accounts for figure) for the year

AND you were eligible for the Medical Expense tax offset in the 20__ year.

Include all Medicare and private health rebates, nature of health related expense and person receiving medical treatment

* Spouse's Income
Advise of any income or pension received by your spouse if their return is not lodged by KGL.

* Share Trading Statements
Full details including date of purchase, number purchased, purchase price, date of sales, number sold and sales price



KGL Accountants

END OF YEAR CHECKLIST

PERSONAL INFORMATION CHECKLIST

- * Substantiation (a) Passenger Carrying Motor Vehicles
 - (i) Log books if applicable
 - (ii) Break-up of expenditure for each motor vehicle. Eg
 - Fuel and Oil
 - Licence
 - Insurance
 - Tyres, repairs & servicing
 - (iii) Odometer Readings-
 - 1 July 20__ kms
 - (Compulsory for log book method deductions) 30 June 20__ kms

NOTE: Where Motor Vehicle expenses paid through cheque butts or in cash book relate to more than one vehicle (ie a private car and/or a business vehicle) please distinguish which vehicle they relate to.

- (b) Travelling Expenses for business or work related trips

- Capital Gains Have you sold any personal or business assets, acquired since 19.9.1985 that may be subject to capital gains? This also includes your main residence.

* If so please provide the necessary details.

- * Any other Matters If you consider there are any other matters that may affect your financial accounts or tax returns please provide the necessary details so we can consider them.

Thank you for investing the time to complete this questionnaire. Please ensure you attach all relevant documentation to the questionnaire, then sign and date the attached authority and return your questionnaire and documentation to us as soon as possible.

If you have any questions or concerns please do not hesitate to contact this office.