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CHECKLIST FOR 2024 TAX RETURN PREPARATION

PLEASE PRINT AND COMPLETE THE ATTACHED INFORMATION PAGES AND FORWARD TO OXFORD ACCOUNTING GROUP TOGETHER WITH OTHER DOCUMENTS REQUIRED TO HAVE YOUR TAXATION RETURN PREPARED OR BRING WITH YOU TO YOUR APPOINTMENT.

2024 TAX RETURN WORKSHEET/CHECKLIST

Name:		TFN:	
Address:			
Occupation:			
Email:			
Contact	Mobile:	Work:	Home:

Income Details

Ordinary Income

Supply group certificates and other payment advices.

Yes No

Wage & Salary Income			
Allowance, Benefits, Tips			
Reportable Fringe Benefits	Type: Super, Motor Vehicle or Other		
Lump Sum Payments	Type: Super, Workcover, Insurance etc		
Eligible Termination Payments	Type: Redundancy, Long Service Leave etc.		
Superannuation Income Stream or Pension Annuity Payments			
Other Income			
Centrelink - Youth Allowance, Newstart, Sickness, Training or Other Allowance			
Centrelink - Parenting Payment (Partnered or Single)			

Investment Income

Details can be provided below. If you require more space please provide details on the additional worksheet at rear of checklist.

Yes No

Bank Interest Received	Summarise interest below, or provide bank statements.		
Dividends	Summarise dividends below, or provide dividend statements.		
P'ship & Trust Income	Provide distribution statement(s) from partnership or trust.		
Rental Income	Refer Rental Summary Schedule		

Bank Interest Received - Savings & Term Deposit Accounts

Bank Name	Interest Received Amnt	Withholding Tax Amnt
	\$	\$
	\$	\$
	\$	\$

Dividends Received

Company Name	Unfranked	Franked	Imputation Credit
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

PROVIDE DIVIDEND STATEMENTS WHERE POSSIBLE

Other Income

Provide details below or, if necessary, on the additional worksheet at the rear of checklist.

Yes No

Business Income	Provide full details of income & expenses.		
Capital Gains/(Loss)	Provide purchase and sale details of Assets Sold -	<i>SHARES</i>	
	Provide purchase and sale details of Assets Sold -	<i>PROPERTY</i>	
Foreign Income	Provide any documentation for evidence of Foreign Source Income.		
Other Income	Provide any documentation for evidence of other income received.		

Motor Vehicle & Travel Expenses/Deductions Worksheet

Motor Vehicle Expenses :

If you use your own vehicle for work purposes you may be entitled to claim the costs of running that vehicle.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

A) Cents Per Kilometre Method Maximum of up to 5,000 km's.

Make & Model :				
Reg No :		No. Weeks	Total Annual Klms	Rate per Km
Estimated Weekly Km's	X No of Weeks			\$ 0.85 \$
Reason/Purpose of use MV and Estimated Weekly kms business use travel x No of Weeks:				
<i>[Provide a brief description of work related MV travel]</i>				

OR

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[Log Books valid for 5 Years]
 Log book - Trips are required to be recorded for 12 consecutive weeks. All consecutive days must be show. Start & End of trip Odometer Readings, Date, Location From & To, and Breif purpose of trip must be recorded. You must Show Both "Business Use Kilometers" and "Private Use Kilometer" in the log book during that period. We need to sight the original or provide us with a copy of log book to be able to claim this method.

Odometer Reading at Start of log Period	<input type="text"/>	A
Odometer Reading at End of log Period	<input type="text"/>	B
Total Kilometers Travelled	<input type="text"/>	C = A-B
Total Business Use Kilometers	<input type="text"/>	D
Calculated Business Use %	<input type="text"/> %	D Divide by C

PURCHASE DETAILS IF PURCHASE NEW VEHICLE IN CURRENT YEAR

Make & Model :	<input type="text"/>
Registration No :	<input type="text"/>
Date of Purchase :	<input type="text"/>
Purchase Amount \$	<input type="text"/>

Expense Item - Amount of Spend	Amount Spent \$	
Fuel (Actual Spend Amount)	\$ <input type="text"/>	<i>If you have kept Fuel Reciepts - provide actual cost per your records</i>
Fuel (Estimated Spend Amount)	\$ <input type="text"/>	<i>If you have NOT kept Fuel Reciepts - We will Calculate fuel Costs</i>
Insurance	\$ <input type="text"/>	<i>Supply Copy of Registration Payment Invoice</i>
Registration	\$ <input type="text"/>	<i>Supply Copy of Tax Invoice</i>
Repairs & Maintenance / Services	\$ <input type="text"/>	<i>Supply Copies of Receipts</i>
Tyres	\$ <input type="text"/>	<i>Sypply Copies of Reciepts</i>
Other Related Car Costs	\$ <input type="text"/>	<i>Supply copies of Tax Invoices</i>

Was the Vehicle Financed?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

[Provide finance/Lease documents for Interest Claims]

NOTE: If you have not maintained a proper log book as required, you will NOT be able to use this method. MUST USE Cents per KM

Other Travel Expenses :

Domestic or overseas travel including airfares and accommodation.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Description & Purpose of Travel:		
Citylink Tolls:	Percentage Work Related:	%
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide substantiation documents to support claim: Air Fare, Accomodation & Other related costs Tax Invoices

Other Work Related & Investment Expenses/Deductions Worksheet

		Yes	No
Uniform Expenses: <i>Protective Clothing, Corporate Wardrobe, Occupation Specific Clothing</i>			
Description of Clothing:	Amount \$	Yes	No
> Home/Laundry [\$150 Maximum Claim Amount]	\$		
> Dry Cleaning - Receipt Amount Only	\$		

		Yes	No
Self Education Expenses: <i>Must relate to Employment Income Activity.</i>			
Course Name & Details:	Amount \$		
> Course Fees	\$		
> Books & Stationery	\$		
> Aids, Tools and Equipment required for learning	\$		
> Travel Costs - Public transport travel costs	\$		
[If use MV to travel to school direct from work, provide details - Cents per km method max Kms 5,000]		Eng	Cyl
Make & Model:	Reg No:	Total Kms	TICK BOX
Actual or Est Kms per week:	X No of Weeks :	=	

		Yes	No
Other Work Related Deductions:	Amount \$		
> Union Fees	\$		
> Memberships & Associations Name(s):	\$		
> Memberships & Associations Name(s):	\$		
> Memberships & Associations Name(s):	\$		
> Mobile Phone Bus Use: Average Monthly Cost	\$	X	% Work Use
> Diary & Misc Stationery	\$		
> Computer Consumables : Costs Incurred	\$	X	% Work Use
> Capital Item for Depreciation Over \$300 (Supply Copy of Invoice)	\$		% Work Use
> Home/Office Use: Hrs per week	Hrs	X	No of Weeks: @ .67cph
<i>(must be supported by timesheets/diary/log)</i>			
(Note: Home office hours must be supported by diary or time sheets)			
> Other Item 3 (Supply Details)	\$		
> Other Item 4 (Supply Details)	\$		

		Yes	No
Investment Deductions (Non-Work Related):	Amount \$		
> Investment Deductions - Interest Paid on Bank or Other Loans to Purchase Shares			
<i>Loan - Bank or Other Financial Institution</i>	Bank	Loan Acc No:	
<i>Loan - Margin Lending</i>	\$	\$	
> Tax & Accounting Fees	Tax Fee	\$	
	<i>Other Tax& Accounting Fees - WTV S1515</i>	\$	
> Gift or Donations	Charity Names: _____	\$	
	Charity Names: _____	\$	
	Charity Names: _____	\$	
	Charity Names: _____	\$	
	Charity Names: _____	\$	
> Income Protection Insurance		Yes	No
Insurer Name:	Policy No:	\$	

Note: Income Protection Cover paid via Superannuation Fund - NOT TAX DEDUCTIBLE

Spouse Details

SPOUSE Name: _____

Taxable Income 2024 Year

Spouse D.O.B _____ / ____ / ____

\$ _____

Spouse Taxable Income (Actual from Spouse Tax Return or Estimate as Guide Only) Required where Oxford is not preparing your SPOUSE Tax Return. Otherwise you may leave BLANK

Number of Dependant Children Aged under 21 in full time education

Private Health Cover

> **Tax Offset**

If you paid PHC premium and NOT claimed the Rebate as a premium reduction during the year, you may be eligible to a Tax offset at tax time dependant on your taxable income. You MUST provide a copy of the year end Statement.

Yes No

> **1%-1.5% Surcharge**

If you are not covered by any Private Health Cover Insurer, and your taxable Income is *over* the thresholds listed below, a surcharge of between 1% to 1.5% of your taxable Income will be payable per table below.

Income Thresholds

Single Person (No Dependants)

Single with dependant & Families

Surcharge Rate

\$90,000 or Less	\$90,001 - 105,000	\$105,001 - 140,000	\$140,001 or more
\$180,000 or Less	\$180,001 - 210,000	\$210,001 - 280,000	\$280,001 or more
0%	1%	1.25%	1.50%

SPOUSE SUPER / DEPENDANT REBATES

Spouse Super (T3)

Did you make a contribution to Super on behalf of your spouse?

Provide Proof of Contribution document & amount Paid

Max Rebate is \$540 if the sum of spouse assessable income

Reportable Fringe Benefit & Superannuation is less than \$40,000.

Yes No

ATO HECS / HELP DEBT DETAILS

Do you have a
HECS/HELP
DEBT?

If yes please provide the amount owing to ATO as at 30th June.
or HECS/HELP Debt from ATO

Yes No

HECS/HELP Amount

\$ _____

