

2026 Client Profile Form

(All new and existing clients to complete) ____/____/____

CURRENT INFORMATION	
Preferred Name	
Title	
Given Name(s)	
Surname	
E-mail Address 1	
E-mail Address 2	
Address (physical) P.O. Box not acceptable	
Address (postal) Put 'as above' if the same	
Telephone contacts	Mobile: Home: Work: Skype:

Please help us to help you.

At Good Life Accounting we aim to help you reach your financial goals and cover your risks along the way. We have developed strategic alliances with trusted professionals. As a function of our duty of care, we recommend that you seek advice with regards to all aspects of your financial situation. Which of the following areas do you consider the highest priorities for your current and/or future financial needs:

- | | |
|---|--|
| ☐ Retirement Planning | ☐ Self Managed Super Funds |
| ☐ Wealth Creation | ☐ Superannuation/Rollovers |
| ☐ Estate Planning | ☐ Personal Risk Insurances |
| ☐ Audit Insurance | ☐ Testamentary Trust |
| ☐ Debt Reduction/Consolidation | ☐ Free subscription to our regular newsletter |
| ☐ Other – see over for a full list of services | |

Thank you for helping us to help you. Someone will be in touch soon.

0433 877 007 | accountants@petersobczuk.com.au | www.petersobczuk.com.au
Shop 8, Comino's Arcade, 133 Redcliffe Parade, REDCLIFFE QLD 4020

☐	Advice - Audit - per hour	☐	BSA Audit Reports
☐	Advice - Estate Planning	☐	Company - dividend minutes
☐	Advice - initial introductory meeting	☐	Company - tax return
☐	Advice - Retirement Planning	☐	FBT return
☐	Advice - taxation and accounting	☐	Incorporation of a new company
☐	Advice - Wealth Creation	☐	IAS - preparation and lodgement form client reports
☐	Advice - Board Meetings	☐	Individual - income tax return
☐	Advice - Business Health Check	☐	Insurance - individual - income protection
☐	Advice - Structure	☐	Insurance - individual – life
☐	Advice - Asset Protection	☐	Insurance - individual – TPD
☐	Advice - Exit Strategy	☐	Accounting and taxation records sent to third parties
☐	Advice - SWOT Analysis	☐	Partnership - Financial Statements
☐	Application for ABN	☐	Partnership - income tax return
☐	Application for ABN & TFN	☐	Payroll processing
☐	Application for GST deregistration	☐	Payroll processing - Superannuation Reconciliation
☐	Application for GST Registration	☐	Private Ruling Applications
☐	Application for GST registration & PAYG Withholding	☐	Super Guarantee Charge Calculations
☐	Application for PAYG Withholding	☐	SMSF - Incorporation and Establishment of relevant entities
☐	Application for registration of FBT	☐	Establishment of a new trust
☐	Application for registered business name	☐	Establishment of a new trust & Incorporation of a new company
☐	Application for TFN	☐	Trust - Financial Statements
☐	ASIC - Change Company Name	☐	Trust distribution minutes
☐	ASIC - Registered Agent	☐	Trust - income tax return
☐	ATO – Liaising	☐	Trust - Trustee Resolution
☐	ATO debt negotiation – basic	☐	Xero - Accounting Package - Business Large
☐	ATO debt negotiation – extensive	☐	Xero - Accounting Package - Business Medium
☐	BAS - preparation and lodgement from client reports	☐	Xero - Accounting Package - Business Small
☐	BAS - quarterly bookkeeping - extensive transactions	☐	Xero - Enter conversion balances from previous accounting package
☐	BAS - quarterly bookkeeping - limited transactions	☐	Xero - Set up new employees for payroll
☐	Confirmation of income, profit/loss or ATO debts for the purpose of borrowing	☐	

2026 individual income tax return checklist

01/07/2025 – 30/06/2026

Title	
Given Name(s)	
Surname	
TFN	
Date of birth	
ABN (If applicable)	
Occupation	

The ATO no longer issues cheque refunds. Bank account details are required for any returns that result in a refund

BSB / Account number	BSB:	ACC:
Account name		

Please circle YES or NO for each of the items listed below and provide relevant details (if known) where prompted. If you are unsure of any answers, please leave the item blank and bring it to attention during your appointment with Peter.

Questions/Notes (to be completed by tax payer before appointment – if applicable)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

File Notes (Peter to complete during appointment – If applicable)

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INCOME – Please provide evidence

1. Salary or wages YES/NO
Number of payment summaries.....
2. Allowances, earnings, tips, director's fees etc YES/NO
3. Employer lump sum payments YES/NO
4. Employment termination payments YES/NO
5. Australian Govt allowances and payments like Newstart/youth allowance/austudy payment .. YES/NO
6. Australian Government pensions and allowances YES/NO
7. Australian annuities and superannuation income streams YES/NO
8. Australian superannuation lump sum payments YES/NO
9. Attributed personal services income YES/NO
10. Gross Interest YES/NO
.....
11. Dividends YES/NO
.....
12. Employee share schemes YES/NO
13. Distributions from partnerships and/or trusts YES/NO
14. Personal services income (PSI) YES/NO
15. Net income or loss from business (If yes, please complete attached business schedule) YES/NO
16. Deferred non-commercial business losses YES/NO
17. Net farm management deposits or repayments YES/NO
18. Capital gains YES/NO
19. Foreign entities:
 - Direct or indirect interests in a controlled foreign company YES/NO
 - Transfer of property or services to a non-resident trust..... YES/NO
20. Foreign source income (including foreign pensions) and foreign assets or property YES/NO
During the year did you own, or have an interest in, assets located outside Australia which had
a total value of AUD\$50,000 or more..... YES/NO
21. Rent (If yes, please complete 1 of the attached rental schedules per property) YES/NO
Number of properties.....
22. Bonuses from life insurance companies or friendly societies YES/NO
23. Forestry managed investment scheme income YES/NO
24. Other income (please specify) YES/NO

DEDUCTIONS – Please provide evidence

D1. Work related car expenses

Make/Model/Registration/Year of Manufacture	Business KMs	Engine Capacity

Fuel/Oil		Repairs & Maintenance	
Registration		Depreciation	
Insurance		Other	
Interest/Leasing		Logbook%	

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D2. Work related travel expenses

Employee domestic travel with reasonable allowance YES/NO

- If the claim is more than the reasonable allowance rate, do you have receipts for your expenses? YES/NO

Overseas travel with reasonable allowance YES/NO

- Do you have receipts for accommodation expenses? YES/NO
- If travel is for 6 or more nights in a row, do you have travel records? (e.g. a travel diary)... YES/NO

Employee without a reasonable travel allowance YES/NO

- Did you incur and have receipts for airfares? YES/NO
- Did you incur and have receipts for accommodation? YES/NO
- Do you have receipts for hire cars (if applicable)? YES/NO
- Did you incur and have receipts for meals and incidental expenses? YES/NO
- Do you have any other travel expenses? YES/NO

Other work-related travel expenses (e.g., a borrowed car) YES/NO
(please specify)

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D3. Work related uniform and other clothing expenses

Protective clothing YES/NO

Occupation specific clothing YES/NO

Non-compulsory uniform YES/NO

Compulsory uniform YES/NO

Conventional clothing YES/NO

Laundry expenses (up to \$150 without receipts) YES/NO

Dry cleaning expenses YES/NO

Other claims such as mending/repairs, etc (please specify) YES/NO

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D4. Work related self-education expenses

Course taken at educational institution:

– union fees YES/NO

– course fees YES/NO

– books, stationery YES/NO

– depreciation YES/NO

– travel YES/NO

– seminars YES/NO

– other (please specify) YES/NO

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D5. Other work related expenses

Home office expenses: Number of Hours..... x .52 YES/NO

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Computer and software YES/NO

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Telephone/mobile phone YES/NO

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Tools and equipment YES/NO

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Subscriptions and union fees YES/NO

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Journals/periodicals YES/NO

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Depreciation YES/NO

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Sun protection products (i.e., sunscreen and sunglasses) YES/NO

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Seminars and courses not at an educational institution:

– course fees YES/NO

– travel YES/NO

– other (please specify) YES/NO

Any other work related deductions (please specify) YES/NO

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Other types of deductions

D6. Low value pool deduction YES/NO

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D7. Interest deductions YES/NO

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D8. Dividend deductions YES/NO

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D9. Gifts or donations YES/NO

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D10. Cost of managing tax affairs

(Fees paid to Good Life Accounting/Audit Shield will be included) YES/NO

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D11. Deductible amount of undeducted purchase price of a foreign pension or annuity YES/NO

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Other types of deductions

D12. Personal superannuation contributions (not including Super Guarantee) YES/NO

Full name of fund: Account no:

Fund ABN: Fund TFN:

Do you pass the 10% test? YES/NO

Have you provided the fund a notice of intention to deduct the contribution? YES/NO

Has this notice been acknowledged by the fund? YES/NO

D13. Deduction for project pool YES/NO

D14. Forestry managed investment scheme deduction YES/NO

D15. Other deductions (including income protection insurance) YES/NO

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L1. Tax losses of earlier income years YES/NO

Tax offsets/rebates – Please provide evidence

T1. Are you a senior Australian or pensioner? YES/NO

.....

T2. Did you receive an Australian superannuation income stream? YES/NO

.....

T3. Did you make superannuation contributions on behalf of your spouse? YES/NO

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T4. Did you live in a remote area of Australia or serve overseas with the Australian
defence force or the UN armed forces in 2026? YES/NO

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T5. Did you have net medical expenses for disability aids, aged or attendant care in 2026....YES/NO

Gross Medical Expenses	Refund Amounts	Net Medical Expenses

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T6. Did you maintain a dependant who is unable to work due to invalidity or carer
obligations? YES/NO

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T7. Are you entitled to claim the landcare and water facility tax offset? YES/NO

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T8. Are you involved in an early stage venture capital limited partnership? (please specify)YES/NO

T9. Are you an early stage investor in an early stage innovation company? (please specify)YES/NO

T10. Other non-refundable tax offsets (please specify) YES/NO

T11. Other refundable tax offsets (please specify) YES/NO

Other relevant information

Medicare levy and Medicare levy surcharge

M1. Are you entitled to the Medicare levy exemption or reduction in 2026? YES/NO
(If yes, please specify and provide supporting documentation from the Medicare Office):

M2. For the entire **2026** income year, were you and all of your dependants (including your spouse) covered by the appropriate private health insurance hospital cover? . YES/NO

Private health insurance policy details

Do you have the details of your private health insurance policy details YES/NO

Please provide details below as well as a copy of your private health insurance statement

Health insurance Provider	
Membership Number	
Share of premiums paid in the financial year	
Share of government rebate received	
Benefit code	

A1: Were you under the age of 18 on 30 June 2026 YES/NO

A2: Did you become an Australian tax resident at any time during the 2026 income year? YES/NO

Date residency commenced:.....

A2: Did you cease to be an Australian tax resident at any time during the 2026 income year? . YES/NO

Date residency ceased:.....

A3: Did you make a non-deductible (non-concessional) personal super contribution in 2026? YES/

NO A4: Did a trust or company distribute income to you in respect of which family trust

Distribution tax (FTDT) was paid by the trust or company? YES/NO

C1: Did you pay any tax within 14 days before the due date (e.g., HECS/HELP)? YES/NO

Income tests information

IT1: Do you have any total reportable fringe benefits amounts in 2026..... YES/NO

IT2: Do you have any reportable employer superannuation contributions in 2026

?..... YES/NO

IT3: Did you receive any tax-free government pensions in 2026?..... YES/NO

IT4: Did you receive any target foreign income in 2026?..... YES/NO

IT5: Did you have a net financial investment loss in 2026?..... YES/NO

IT6: Did you have a net rental property loss in 2026?..... YES/NO

IT7: Did you pay child support in 2026?..... YES/NO

IT8: Number of dependent children in 2026.....

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Spouse details – married or *de facto* (including same sex)

1. Did you have a spouse for the full year from 1 July 2025 to 30 June 2026?YES/NO
 - If you had a spouse for only part of the income year, please specify the dates between 1 July 2025 to 30 June 2026 when you had a spouse:
From ____ / ____ / ____ to ____ / ____ / ____
2. Did your spouse die during the 2026 income tax year?YES/NO
3. What is your spouse's name and date of birth? (If you had more than one spouse during 2026, provide the name of your spouse on 30 June 2026 or your last spouse)

Name:

DOB:
4. Did your spouse (named above) have taxable income for the 2026 income year?YES/NO

If yes, what was the amount? \$.....
5. Did your spouse have a share of trust income on which the trustee is assessed under S.98 of the ITAA36 not included in your spouse's taxable income for 2026YES/NO

If yes, what was the amount? \$.....
6. Did a trust/company distribute income to your spouse in 2026 in respect of which family trust distribution tax was paid by the trust/company?YES/NO

If yes, what was the amount? \$.....
7. Did your spouse have reportable fringe benefits amounts for the 2026 income year?YES/NO

If yes, what was the amount? \$.....
8. Did your spouse receive any Australian Government pensions or allowances (not including exempt pension income) in the 2026 income year?YES/NO

If yes, what was the amount? \$.....
9. Did your spouse receive any exempt pension income in the 2026 income year?YES/NO

If yes, what was the amount? \$.....
10. Does your spouse have any reportable super contributions for the 2026 income year?YES/NO

If yes, what was the amount? \$.....
11. Did your spouse receive any tax-free government pensions paid under the *Military Rehabilitation and Compensation Act 2004*?YES/NO

If yes, what was the amount? \$.....
12. Did your spouse receive any 'target foreign income' in the 2026 income year?YES/NO

If yes, what was the amount? \$.....

13. Did your spouse have a total net investment loss (i.e., the financial investment loss/rental property loss) for 2026.....YES/NO

If yes, what was the amount? \$.....

14. Did your spouse pay child support during 2026.....YES/N

If yes, what was the amount? \$.....

15. If your spouse is 55 to 59 years old, did they receive a superannuation lump sum (other than a death benefit) during the 2026 income year which included a taxed element that does not exceed their low rate cap?.....YES/NO

If yes, what was the amount? \$.....

Other

1. Do you have a HECS/HELP liability or a student financial supplement loan debt? YES/NO

If yes, what was the amount? \$.....

2. Do you have a loan with a private company or have such a loan amount forgiven? YES/NO
(If yes, please specify) – (reviewer consider if deemed dividend in year under Division 7A):

.....

3. Did you make a gain or loss from financial arrangements and wish to apply the TOFA rules to bring them into account for tax purposes in the 2026 income tax year YES/NO

4. Did you receive any benefit from an employee share acquisition scheme? YES/NO

5. Family Tax Benefit ('FTB'): Did you have care of a dependent child in 2026?..... YES/NO

– Did you or your spouse receive FTB through the Department of Human Services in 2026? YES/NO

6. Are you a working holiday maker in Australia on a 417 visa or 462 visa in 2026??..... YES/NO

7. Did you participate in the sharing economy (Uber, Air BnB, Lyft etc) in 2026?..... YES/NO

8. Did you buy or sell any cryptocurrency (Bitcoin, Ethereum, Ripple etc) in 2026?..... YES/NO

Dependent Name	Date of Birth

Dated the day of20.....

.....
Name (print)

.....
Signature of taxpayer

By signing this checklist, you are authorising Good Life Accounting to act as your accountant and registered tax agent. The authority includes updating your records with the Australian Taxation Office and downloading respective reports available to tax agents.