

## 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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| 19. |  |
| 20. |  |

## INCOME – Please provide evidence

|                                                                                                                                           |                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| 1. Salary or wages .....                                                                                                                  | <input type="radio"/> YES <input type="radio"/> NO |
| Number of payment summaries.....                                                                                                          |                                                    |
| 2. Allowances, earnings, tips, director's fees etc .....                                                                                  | <input type="radio"/> YES <input type="radio"/> NO |
| 3. Employer lump sum payments .....                                                                                                       | <input type="radio"/> YES <input type="radio"/> NO |
| 4. Employment termination payments .....                                                                                                  | <input type="radio"/> YES <input type="radio"/> NO |
| 5. Australian Govt allowances and payments like Newstart/youth allowance/austudy payment ..                                               | <input type="radio"/> YES <input type="radio"/> NO |
| 6. Australian Government pensions and allowances .....                                                                                    | <input type="radio"/> YES <input type="radio"/> NO |
| 7. Australian annuities and superannuation income streams .....                                                                           | <input type="radio"/> YES <input type="radio"/> NO |
| 8. Australian superannuation lump sum payments .....                                                                                      | <input type="radio"/> YES <input type="radio"/> NO |
| 9. Attributed personal services income .....                                                                                              | <input type="radio"/> YES <input type="radio"/> NO |
| 10. Gross Interest .....                                                                                                                  | <input type="radio"/> YES <input type="radio"/> NO |
| .....                                                                                                                                     |                                                    |
| 11. Dividends .....                                                                                                                       | <input type="radio"/> YES <input type="radio"/> NO |
| .....                                                                                                                                     |                                                    |
| 12. Employee share schemes .....                                                                                                          | <input type="radio"/> YES <input type="radio"/> NO |
| 13. Distributions from partnerships and/or trusts .....                                                                                   | <input type="radio"/> YES <input type="radio"/> NO |
| 14. Personal services income (PSI) .....                                                                                                  | <input type="radio"/> YES <input type="radio"/> NO |
| 15. Net income or loss from business (If yes, please complete attached business schedule) .....                                           | <input type="radio"/> YES <input type="radio"/> NO |
| 16. Deferred non-commercial business losses .....                                                                                         | <input type="radio"/> YES <input type="radio"/> NO |
| 17. Net farm management deposits or repayments .....                                                                                      | <input type="radio"/> YES <input type="radio"/> NO |
| 18. Capital gains .....                                                                                                                   | <input type="radio"/> YES <input type="radio"/> NO |
| 19. Foreign entities:                                                                                                                     |                                                    |
| • Direct or indirect interests in a controlled foreign company .....                                                                      | <input type="radio"/> YES <input type="radio"/> NO |
| • Transfer of property or services to a non-resident trust.....                                                                           | <input type="radio"/> YES <input type="radio"/> NO |
| 20. Foreign source income (including foreign pensions) and foreign assets or property .....                                               | <input type="radio"/> YES <input type="radio"/> 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..... |                                                    |
| 21. Rent (If yes, please complete 1 of the attached rental schedules per property) .....                                                  | <input type="radio"/> YES <input type="radio"/> NO |
| Number of properties.....                                                                                                                 |                                                    |
| 22. Bonuses from life insurance companies or friendly societies .....                                                                     | <input type="radio"/> YES <input type="radio"/> NO |
| 23. Forestry managed investment scheme income .....                                                                                       | <input type="radio"/> YES <input type="radio"/> NO |
| 24. Other income (please specify) .....                                                                                                   | <input type="radio"/> YES <input type="radio"/> 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 .....                                        | <input type="radio"/> YES | <input type="radio"/> NO |
| Occupation specific clothing .....                               | <input type="radio"/> YES | <input type="radio"/> NO |
| Non-compulsory uniform .....                                     | <input type="radio"/> YES | <input type="radio"/> NO |
| Compulsory uniform .....                                         | <input type="radio"/> YES | <input type="radio"/> NO |
| Conventional clothing .....                                      | <input type="radio"/> YES | <input type="radio"/> NO |
| Laundry expenses (up to \$150 without receipts) .....            | <input type="radio"/> YES | <input type="radio"/> NO |
| Dry cleaning expenses .....                                      | <input type="radio"/> YES | <input type="radio"/> NO |
| Other claims such as mending/repairs, etc (please specify) ..... | <input type="radio"/> YES | <input type="radio"/> NO |
| .....                                                            |                           |                          |
| .....                                                            |                           |                          |
| .....                                                            |                           |                          |
| .....                                                            |                           |                          |
| .....                                                            |                           |                          |
| .....                                                            |                           |                          |
| .....                                                            |                           |                          |

**D4. Work related self-education expenses**

Course taken at educational institution:

|                                |                           |                          |
|--------------------------------|---------------------------|--------------------------|
| – union fees .....             | <input type="radio"/> YES | <input type="radio"/> NO |
| – course fees .....            | <input type="radio"/> YES | <input type="radio"/> NO |
| – books, stationery .....      | <input type="radio"/> YES | <input type="radio"/> NO |
| – depreciation .....           | <input type="radio"/> YES | <input type="radio"/> NO |
| – travel .....                 | <input type="radio"/> YES | <input type="radio"/> NO |
| – seminars .....               | <input type="radio"/> YES | <input type="radio"/> NO |
| – other (please specify) ..... | <input type="radio"/> YES | <input type="radio"/> NO |
| .....                          |                           |                          |
| .....                          |                           |                          |
| .....                          |                           |                          |
| .....                          |                           |                          |
| .....                          |                           |                          |
| .....                          |                           |                          |

## D5. Other work related expenses

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

.....

Computer and software ..... YES/NO

Telephone/mobile phone ..... YES/NO

Tools and equipment ..... YES/NO

Subscriptions and union fees ..... YES/NO

Journals/periodicals ..... YES/NO

Depreciation ..... YES/NO

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

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

D7. Interest deductions ..... ☐ YES ☐ NO

D8. Dividend deductions ..... ☐ YES ☐ NO

D9. Gifts or donations ..... ☐ YES ☐ NO

D10. Cost of managing tax affairs  
(Fees paid to Good Life Accounting/Audit Shield will be included) ..... ☐ YES ☐ NO

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

## 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

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

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

☐ G5.

Did you have net medical expenses for disability aids, aged or attendant care in 2025....YES/NO

| Gross Medical Expenses | Refund Amounts | Net Medical Expenses |
|------------------------|----------------|----------------------|
|                        |                |                      |

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

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

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

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

## 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 ☐ 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 2024 income tax year? ..... YES/NO ☐ 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 ☐ 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 2026 ..... YES/NO ☐ YES ☐ 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 ☐ YES ☐ NO
- If yes, what was the amount? \$.....
7. Did your spouse have reportable fringe benefits amounts for the 2026 income year? ..... YES/NO ☐ 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 ☐ YES ☐ NO
- If yes, what was the amount? \$.....
9. Did your spouse receive any exempt pension income in the 2026 income year? ..... YES/NO ☐ YES ☐ NO
- If yes, what was the amount? \$.....
10. Does your spouse have any reportable super contributions for the 2026 income year? ..... YES/NO ☐ 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 ☐ YES ☐ NO
- If yes, what was the amount? \$.....
- If yes, what was the amount? \$.....
12. Did your spouse receive any 'target foreign income' in the 2026 income year? ..... YES/NO ☐ YES ☐ NO

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 ☐ NO

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 2024?..... ☐ 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 of .....20.....

.....  
**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.**