



2026 Individual Tax Checklist

To assist us in preparing your income tax return in accordance with Australian Taxation Office requirements, please provide supporting documentation to substantiate all your claims including copies of receipts, tax invoices, bank statements, payment summaries, contracts, agreements and other relevant correspondence.

With respect to your income, please keep in mind that the Australian Taxation Office has the ability to check your return income against independent sources. In particular, this applies to PAYG Payment Summary income, interest received, dividends, shares sold etc.

For deductions, keep in mind that self-assessment applies. In the event of a Tax Office audit you will need to be able to substantiate the deductions claimed.

****DELIVERY UPON COMPLETION****

(Please tick preferred delivery method upon completion of your income tax return)

- ☐ Email to me (only applicable to clients who email or electronically send their tax information in to us)
- ☐ I will collect it from your office upon notification from you
- ☐ Post to me (I understand postage fees may apply)

PERSONAL DETAILS

MR/MRS/MS/MISS (please indicate)

First Name/s: _____ Surname: _____

Residential Address: _____

Postal Address (if different to above): _____

Email Address: _____

Telephone

Mobile: _____ Work: _____ Home: _____

Your Current Occupation: _____

ABN: _____

Bank Account Name: _____

BSB: _____ Account Number: _____



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1. DO YOU HAVE A SPOUSE (MARRIED OR DE FACTO)?

☐ NO.

☐ YES. If Yes, are we preparing their tax return

☐ NO.

☐ YES.

SPOUSE DETAILS

MR/MRS/MS/MISS (please indicate)

First Name/s: _____ Surname: _____

Spouse's Date of Birth: _____

Spouse's Taxable Income: _____

Spouse's Reportable Fringe Benefits Amount (if any): _____

Spouse's Reportable Superannuation Contributions (if any): _____

Spouse's Share of Net Investment Loss including Rental Loss (if any): _____

2. DO YOU HAVE DEPENDENT CHILDREN?

☐ NO.

☐ YES. If Yes, please complete CHILD DEPENDENT DETAILS below

CHILD DEPENDENT DETAILS

Name of child dependent: _____ Date of Birth: ____/____/____

Name of child dependent: _____ Date of Birth: ____/____/____

Name of child dependent: _____ Date of Birth: ____/____/____

Name of child dependent: _____ Date of Birth: ____/____/____

INCOME

1. Did you receive salary or wages? ☐ NO.

☐ YES.

2. Were you part of an employee ☐ NO.

share scheme?

☐ YES. If Yes, please provide

☐ Employee share scheme statement



3. Did you receive any payments from Centrelink? ☐ NO.
☐ YES. If Yes, please provide
☐ PAYG Payment Summary
4. Did you receive any pension payments from a Super Fund including a Self Managed Super Fund? ☐ NO.
☐ YES. If Yes, please provide
☐ PAYG Payment Summary
5. Did you receive any lump sum or termination payments? ☐ NO.
☐ YES. If Yes, please provide
☐ ETP PAYG Summary
6. Did you receive any bank interest? ☐ NO.
☐ YES. If Yes, please provide
☐ Annual bank summary statement
7. Did you receive any dividends from shares you owned? ☐ NO.
☐ YES. If Yes, please provide
☐ Dividend statements including dividends reinvestments
8. Did you receive any partnership or trust distributions? ☐ NO.
☐ YES. If Yes, please provide
☐ Annual tax summary statement (if applicable)
☐ Annual distribution statement (if applicable)
9. Did you sell any shares? ☐ NO.
☐ YES. If Yes, please provide
☐ Supporting documentation
10. Did you receive rental income? ☐ NO.
☐ YES. If Yes, please provide
☐ Supporting documentation



11. Did you sell your rental property? ☐ NO.
☐ YES. If Yes, please provide
☐ Supporting documentation

12. Did you receive any foreign income? ☐ NO.
☐ YES. If Yes, please provide
☐ PAYG Payment Summary, and/or
☐ Any other supporting documentation

13. Did you receive any other income
not mentioned above? ☐ NO.
☐ YES. If Yes, please provide
☐ Supporting documentation

DEDUCTIONS

1. Did you use your car for work
related purposes?
(Note: EXCLUDE Home to Work travel) ☐ NO.
☐ YES. If Yes, please select method of claim
☐ Work kms travelled: _____ km,
• Make & Model of Motor Vehicle: _____
OR
☐ Logbook method. Please complete form below
☐ MV logbook form
2. Did you have to travel overseas
or interstate for work? ☐ NO.
☐ YES. If Yes, please provide
☐ Supporting documentation
3. Did you have to wear a uniform with
your company logo/name and/or
protective clothing? ☐ NO.
☐ YES. If Yes, please complete ONE of the following:
☐ Where ONLY the work clothes is washed each time
(ATO allows \$1 per load):
_____ loads/wk x _____ weeks
☐ Where both private clothes and work clothes are
washed together (ATO allows \$0.50 per load):
_____ loads/wk x _____ weeks



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4. Did you purchase any protective clothing and/or footwear?

☐ NO.

☐ YES. If Yes, please provide

☐ Receipts for items purchased (eg. Steel capped boots, gloves etc.)

5. Did you undertake any study that would maintain or improve a skill required for your current work?

☐ NO.

☐ YES. If Yes, please provide

☐ Receipts for items purchased (eg. Textbooks, stationery, course fees etc.)

6. Did you have any other work related expenses?

☐ NO.

☐ YES. If Yes, please indicate below and provide supporting documentation

The ATO requires a record of all hours worked from home (e.g a time sheet, roster, diary or similar document)

☐ Union fees

☐ Trade/professional subscriptions

☐ Seminars, courses, conferences, workshops

☐ Books, technical journals

☐ Tools and equipment

☐ *Mobile phone use

☐ *Home Internet use

☐ *Home telephone use

☐ *Home office claim

****Any ticked deductions must also complete a Home Office Claim Form****

7. Did you make a donation of \$2 or more to an approved charity?

☐ NO.

☐ YES. Please provide

☐ Receipts

8. Did you pay someone other than Prestige Partners to prepare your tax return last year?

☐ NO.

☐ YES. If Yes, please provide

☐ Invoice from other tax agent/ accountant



9. Did you have a loan for your investments? ☐ NO.
☐ YES. If Yes, please provide
☐ Loan statements
10. Did you make any personal superannuation contributions?
(Note: Superannuation that has been salary packaged/sacrificed through an employer DOES NOT qualify for this deduction) ☐ NO.
☐ YES. If Yes, did you provide your superfund with a notice of intent to claim the deduction?
☐ NO.
☐ YES. Please provide the written acknowledgement statement from your fund
11. Did you have income protection insurance? ☐ NO.
☐ YES. If Yes, was it paid out of your superfund?
☐ NO. Please provide the Annual statement of claim from your insurance provider
☐ YES.

TAX OFFSETS

1. Is your **usual place of residence** (i.e. do you LIVE) in a prescribed REMOTE area of Australia?
☐ NO.
☐ YES. If Yes, please complete below

- Location: _____

MEDICARE LEVY SURCHARGE

1. Did you and your dependants* have private hospital cover? ☐ NO.
☐ YES.

*For Medicare levy purposes, a dependant is:

- a resident spouse even if they worked and had their own income (including de-facto and same sex couples)
- a resident child under 21 years old
- a resident child, aged 21 to 24 years old, FULL TIME student at school, college or university

OTHER INFORMATION

1. Did you pay child support during the period 1 July 2025 to 30 June 2026? ☐ NO.
☐ YES. If Yes, please provide
☐ Amount of child support paid \$ _____



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2. Did you receive the NRAS* Tax Offset? ☐ NO.

*National Rental Affordability Scheme

☐ YES. If Yes, please provide

☐ Statement showing the NRAS tax offset amount

3. Do you have a current HECS/HELP or ☐ NO. Please sign declaration below

SSFS Debt?

☐ YES. If Yes, please provide

☐ HECS/HELP/SSFS Statement/s from the ATO

NEW CLIENTS ONLY

Please provide the following information:

- Date of Birth: _____
- Tax File Number: _____
- Photo Identification: ☐ Provided

Please also provide a copy of the following:

1. 2024 Individual Tax Return ☐ Provided
☐ If not provided, why not? _____

I confirm that I have reviewed the above checklist and have supplied all the relevant information to prepare my 2026 income tax return.

I also confirm that the above information is correct to the best of my knowledge and that where necessary I hold documentary evidence in support of my claims.

Dated the day of 20.....

.....
Signature of Taxpayer

.....
Name (print)