



	<b>Medicare</b>	
YES / NO	M1. Reduction or Exemption from Medicare Levy	
YES / NO	Medicare Levy Surcharge	
YES / NO	(H) Private Health Insurance Policy Details	
	<b>Adjustments/Credits</b>	
YES / NO	A1. Under 18	
YES / NO	A2. Part Year Tax Free Threshold	
YES / NO	A3. Government Super Contributions	
	<b>Spouse Details</b>	
YES / NO	(SD) Spouse Details - Married or Defacto	
	Spouses taxable income	
	<b>Other</b>	
YES / NO	Reportable Fringe Benefits	
YES / NO	Reportable Employer Super	
YES / NO	PAYG Instalments	
YES / NO	HECS-HELP & SFSS	

**INTEREST INCOME: YOUR SHARE ONLY**

Bank	Account Number	Sighted Original Docs.	TFN W/H Tax	Amount - Your Share	Joint - YES / NO
		YES / NO			YES / NO
		YES / NO			YES / NO
		YES / NO			YES / NO
		YES / NO			YES / NO
		YES / NO			YES / NO
		YES / NO			YES / NO

**DIVIDEND INCOME: YOUR SHARE ONLY**

ORIGINAL SIGHTED	NAME OF COMPANY	UNFRANKED	FRANKED	FRANKING CREDITS	JOINT Yes/No
YES / NO					YES / NO
YES / NO					YES / NO
YES / NO					YES / NO
YES / NO					YES / NO
YES / NO					YES / NO
YES / NO					YES / NO

**NOTES:**

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

I confirm that I have supplied all relevant documentation to Jeffkins Accountancy & Business Solutions to correctly prepare my income tax return.

I understand that the information I have supplied forms the basis for the preparation of my return and confirm that the information outlined in this checklist is true and correct.

SIGN: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_