



## TRUST CHECKLIST

CLIENT'S NAME: \_\_\_\_\_

TRUST NAME: \_\_\_\_\_

BENEFICIARY / TFN DETAILS: \_\_\_\_\_

INCOME	YES	NO	COMMENTS
Rental Income ( Refer to Rental Income Checklist )	<input type="checkbox"/>	<input type="checkbox"/>	_____
Business Income	<input type="checkbox"/>	<input type="checkbox"/>	_____
Crypto ( Please Provide Financial Year Statement)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shares ( Please Provide Financial Year Statement)	<input type="checkbox"/>	<input type="checkbox"/>	_____

EXPENSES	YES	NO	COMMENTS
Depreciation Schedule	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amortisation Schedule (Please Contact Financial institution for Financial Year Statement)	<input type="checkbox"/>	<input type="checkbox"/>	_____
TPAR ( Contractor Details)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Payroll Summary ( Please Provide STP Report)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Capital Expenditure (Please Provide Invoices for Capital Expenditure Costing more than \$300)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Repairs & Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interest on loan (Please Contact Bank for Financial Year loan Statement)	<input type="checkbox"/>	<input type="checkbox"/>	_____

**COMMENTS:**

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I confirm that the above is a true and complete record of all transactions for the year.


**Signature:**

Staff Name: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_

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