






This symbol  means receipts or supporting records are required for that item.

Tax File Number:

Title:	First Name(s):	Surname:
Have you changed your name since your last return?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone Numbers:	M:	H:
Date of birth: / /		

Year of tax return you would like to do:	
Did you live in Australia for the whole tax year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, what date did you arrive? / /	
Are you an Australian citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you an Australian Resident for tax purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bank Details:	BSB: Account No:
Name of account holder:	
Home Address:	Unit/Level Number:
	Street Address:
	Suburb:
	City:
	State:
	Postcode:
Postal Address: As above <input type="checkbox"/>	Unit/Level Number:
	Street Address:
	Suburb:
	City:
	State:
	Postcode:
Would you like to pay by 'Fee From Refund'?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Copy of last year's tax return:	Yes <input type="checkbox"/> No <input type="checkbox"/> 
Spouse Details Not Applicable <input type="checkbox"/>	First name(s)
	Surname
	Date of birth
	Taxable income (If known)
	Dependent children Yes <input type="checkbox"/> No <input type="checkbox"/>
	Number of dependent children
Private Health Insurance Yes <input type="checkbox"/> No <input type="checkbox"/>	Fund Name:
Member Number:	
Proof of Identity (New clients)	Yes <input type="checkbox"/> No <input type="checkbox"/> 
Have you accrued bank interest	Yes <input type="checkbox"/> No <input type="checkbox"/> 
Details of bank interest earned:	
Do you have debts with government departments?	Yes <input type="checkbox"/> No <input type="checkbox"/> 
Details of debts:	
Do you have medical expenses to claim?	Yes <input type="checkbox"/> No <input type="checkbox"/> 

Details of medical expenses:		
Wages and Income		
Occupation:		
PAYG Summaries:	How many?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Work related expenses and other deductions:		
1.	6.	
2.	7.	
3.	8.	
4.	Gifts/Donations:	
5.	Last year's tax agent fees:	
Copies of dividend statements or employee share scheme statements		Yes <input type="checkbox"/> No <input type="checkbox"/>
Income protection premiums		Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Information		
Are you a sole parent?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Centrelink Statements:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Dependants – Names and birth dates:		
1.	3.	
2.	4.	
Medical receipts:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Statements for any other Income:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Super contributions on behalf of spouse:		\$
Zone rebate:		\$
Imputation credit information from dividends:		Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional information or questions: