






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: / / | | |

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| 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"/>  |

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| 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: