



Year of Tax Return:			
Your Details			
Title:			
First Name:		Surname:	
Tax File Number(TFN):			
Have you changed your name since your last tax return?	Yes	No	
Date of Birth:			

Full Home Address:			
Phone Number:		Email Address:	

Are you an Australian resident for tax purposes?	Yes	No	
Did you live in Australia for the whole tax year?	Yes	No	
If not, advise date of arrival:			

Personal Bank Details			
Account Holder:			
BSB:		Account Number:	

Would you like to pay fees from refund?	Yes	No	
Copy of last year's tax return:	Yes	No	

Spouse Details			
Full Name:		DoB:	
Number of Dependant Children:		Taxable Income:	

Private Hospital Insurance:	Yes	No	
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Income Details (Tick if N/A <input type="checkbox"/>)			
Occupation:		Salary Received:	
Other Income received details:			

Have you received any bank interest?	Yes	No	
Have you received any centrelink benefit?	Yes	No	
Have you received any dividends?	Yes	No	

Work Related Expenses (Tick if N/A <input type="checkbox"/>)			
	Deduction		Amount
Work-related car expenses	Yes	No	
Travel(Fares and accomodation)	Yes	No	
Work-related uniform	Yes	No	
Self-Education and professional development	Yes	No	
Union fees, subscriptions, registrations, memberships	Yes	No	
Mobile phone, computer	Yes	No	
Home office expenses	Yes	No	
Other direct work related expenses	Yes	No	
Donations	Yes	No	
Income protection insurance	Yes	No	
Last year accountant fees	Yes	No	

Investment Property (Tick if N/A <input type="checkbox"/>)			
	First Property	Second Property	Third Property
Full Property Address:			
Ownership percentage:			
Name of additional owner:			

Full year Rental Statement:	Yes	No	Yes	No	Yes	No
Full year bank loan statement:	Yes	No	Yes	No	Yes	No
Council rates:	Yes	No	Yes	No	Yes	No
Water bills:	Yes	No	Yes	No	Yes	No
Insurance:	Yes	No	Yes	No	Yes	No
QS Depreciation Report:	Yes	No	Yes	No	Yes	No
Land Tax:	Yes	No	Yes	No	Yes	No
Repairs and maintenance:	Yes	No	Yes	No	Yes	No
Asset depreciation Schedule:	Yes	No	Yes	No	Yes	No
Other related expenses:	Yes	No	Yes	No	Yes	No

Capital Gain Tax (Tick if N/A <input type="checkbox"/>)		
For property – Copy of purchase and sale contracts:	Yes	No
Shares – provide share statements showing purchases and sales:	Yes	No
Other – provide details related to the capital gain or loss:	Yes	No
a.) Do you have a capital loss brought forward?	Yes	No
b.) If so, what is the capital loss?		

Sole Trader (Tick if N/A <input type="checkbox"/>)	
Australian Business Number (ABN):	
Business Address:	
Type of business:	
Profit and Loss Statement?	
Balance Sheet Statement?	
GST Registered?	
Bank Statements for the full period?	
Invoices and receipts?	

Additional Information or Enquiries:

Please sign here:

Date: