#### Client Details Form – Individual Tax Return

|  |  |
| --- | --- |
| **Full Name** |  |
| ***Tax File Number*** | ***Don’t provide the TFN by email for security reasons***  |
| **Date of birth**  |  |
| **ABN (if applicable)** |  |
| **Address**  |  |
| **Address (postal)** (Put ‘as above’ if the same) |  |
| **Telephone contacts** | **Mobile:**  |
| **Business Hours (work):**  |
| **After Hours (home):** |
| **Email**  |  |
| **Electronic banking Details** (For refund if applicable) | **BSB:**  |
| **Account Number:** |
| **Occupation**  |  |
| **Do you run your own business as a sole trader?** **YES/NO****Do you run your own business in a company, trust or partnership?** **YES/NO** |

|  |  |
| --- | --- |
| **Spouse’s full name****(Please include married/de facto/same-sex)** |  |
| **SpouseGender (Male, Female or Indeterminate)** |  |
| **Spouse’s date of birth** |  |
| **Approximate Income (if known)** |  |
| **Number of Dependent Children:** |  |

***Client details form continued*** …

1. Do you have any dependants (children up to the age of 21, full time students under the age of 25, parents or parents in law) living with you?

 **YES/NO**…………………If YES, please provide short summary of the details below:

|  |  |
| --- | --- |
| **FULL NAME** | **DATE OF BIRTH** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |

1. Have you had a change in marital status during the income year? (Please circle)

**YES / NO**

1. Have you had a change in occupation or started a new job during the income year? (Please circle)

**YES / NO**

1. Have you had a change of address during the income year? (Please circle)

**YES / NO**

1. Did you buy or sell any property during the income year? (Please circle)

 (e.g., shares, rental property, main residence)

**YES/NO**…………………If YES, please provide short summary of the details below:

|  |  |  |
| --- | --- | --- |
| **Type of asset (e.g., shares/ holiday home)** | **Date acquired (approx.)** | **Price sold for****(approx.)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Was last year’s return prepared by a registered tax agent (other than our firm)

**YES/NO** …………………If YES, please provide details below:

|  |  |
| --- | --- |
| **Fees paid to Accountant?**  |  |

***Client details form continued*** …

7. Where relevant, please provide details of the following types of income:

**Details of salary and wages**

Please provide all PAYG payment summaries applicable to the income year.

Where you have not been provided with either an employment income statement (available via your MyGov account) or PAYG payment summary (if provided to you from your employer where they have not reported your payment details to the ATO electronically via STP), please provide details of any relevant salary and wages (and any other similar payments) below:

|  |  |
| --- | --- |
| **Salary and wages** | **1** |
| Main occupation |  |
| Payer’s ABN |  |
| Tax Withheld: **$** | Gross Payment: **$** |

**Details of interest received**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Bank** | **Branch** | **Account number** | **Amount** | **Joint names?** |
|  |  |  |  |  |
|  |  |  |  |  |

**Details of dividends received (or reinvested on your behalf)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Company** | **Date Paid** | **Unfranked dividends** | **Franked dividends** | **Franking credits** | **TFN Amount** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Details of cash management trust distributions received**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Trust** | **Amount**  | **Franking credits**  | **Trustee tax**  | **TFN amount** | **Net capital gains** | **Other**  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Details of rental income received**

|  |  |
| --- | --- |
| **Rental Property** | **1** |
| Address |  |
| Rent received  |  |
| Weeks rented |  |

| **Deductions – Please provide evidence** | **Yes** | **No**  | **Amount** |
| --- | --- | --- | --- |
| **DO NOT CLAIM EXPENSES THAT HAVE BEEN REIMBURSED BY YOUR EMPLOYER** |
| **D1. Work-related car expenses**  |
| **– Cents per kilometre method (up to a maximum of 5,000 kms)** |  |  |  |
| **– Log book method** |  |  |  |
| **D2. Work-related travel expenses** |
| **Employee domestic travel with a reasonable travel allowance** |  |  |  |
| **Overseas travel with a reasonable travel allowance** |  |  |  |
| **Other work-related travel expenses (e.g., a borrowed car, public transport)** |
|  |
| **D3. Work-related clothing, laundry and dry cleaning expenses** |
| **Protective clothing** |  |  |  |
| **Occupation specific clothing** |  |  |  |
| **Compulsory uniform** |  |  |  |
| **Laundry expenses (up to $150 without receipts)** |  |  |  |
| **Dry cleaning expenses** |  |  |  |
| **D4. Work-related self-education expenses** |
| **Course taken at educational institution:** |
| **– Union fees, Course fees, Books, stationery and Travel** |  |  |  |
| **– Other (please specify)** |  |  |  |
| **D5. Other work-related expenses** |
| **Home office expenses (including hours worked working from home)** |  |  |  |
| **Computer and software** |  |  |  |
| **Telephone/mobile phone** |  |  |  |
| **Tools and equipment** |  |  |  |
| **Subscriptions and union fees** |  |  |  |
| **Journals/periodicals** |  |  |  |
| **Depreciation**  |  |  |  |
| **Sun protection products (i.e., sunscreen and sunglasses)** |  |  |  |
| **Seminars and courses not at an educational institution** |  |  |  |
| **Any other work related deductions (please specify)** |  |  |  |
| **D9. Gifts or donations** |  |  |  |
| **D10. Cost of managing tax affairs** |  |  |  |
| **D12. Personal superannuation contributions** |  |  |  |
| **Full name of fund: Account no:** **Fund ABN: Fund TFN:**  |
| **– Have you provided the fund a notice of intention to deduct the contribution?** |  |  |  |
| **– Has this notice been acknowledged by the fund?** |  |  |  |
| **D13. Deduction for project pool** |  |  |  |
| **Other types of deductions (continued)** |
| **D14. Forestry managed investment scheme deduction** |  |  |  |
| **D15. Other deductions (please specify)** |  |  |  |
| **Have any amounts at D6 to D15 been reimbursed by your employer?** |
|  |
| **H. Are you a working holiday maker in Australia on a 417 (working holiday) visa or 462 (working holiday) visa?** **What is your ‘home country’ (where you are a national)?**  **Country name:** **If you are a working holiday maker – do you believe you are an Australian tax resident for the income year?** |  |  |  |
|  |  |  |  |
| **Additional notes/concerns:****Dated:** ***Signature of taxpayer***  ***Name (print)*** |