

1 PERSONAL Details

Tax Year: _____
Full name: _____
Tax File Number: _____
Birthdate: _____
Email address: _____
Telephone: _____
Mobile: _____
Address: _____

Tax residency:
 Permanent Resident Resident for Tax Purposes Non Resident

Number of children and date of birth and other dependents:
Name: _____ **DOB:** _____
Name: _____ **DOB:** _____
Name: _____ **DOB:** _____
Name: _____ **DOB:** _____

Private hospital cover: _____
Medicare levy exemption Entitled Not entitled

2 INCOME Details

PAYG Summaries: Attach your PAYG Summaries, also known as Group Certificates for each job that you have held during the financial year you will be completing a Tax Return for.

OTHER INCOME:

Interest earned on bank accounts: \$ _____
 Government payments, eg Centrelink, Austudy,
 Newstart, Parenting, etc: _____

Copies of Dividend Statements: (please attach) _____
 Foreign income: \$ _____
 Managed Fund Annual Tax Statements: (please attach) _____

3 DEDUCTIONS

Any deductions you want to claim – such as items you have paid for that pertain to your job, ie uniforms, mobile phones, internet access, tools, etc. If in doubt, just include them and we will contact you if we require any additional information.

<p>1. Work related expenses - Motor Vehicle Amount Eg. Repayments, insurance, fuel, logbook etc</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>2. Work related expenses - Travel Amount Eg. Award transport domestic & overseas travel, tolls, parking etc</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>3. Work related expenses - Uniforms Amount Eg. Uniforms, laundry, drycleaning, protective clothing, compulsory work uniform, tool, etc</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>4. Work related expenses - General A Amount Eg. Home telephone, mobile phone, internet access etc</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>5. Work related expenses - General B Amount Eg. Union fees, subscriptions, home office expenses etc</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>6. Self Education expenses Amount Eg. Seminars, books and journals etc</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

3 DEDUCTIONS (Continued)

4 OFFSETS and Other Information

7. All other deductions or queries Eg. Prior Tax Agent fees, Donations, Memberships	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Spouse Details:
 Name: _____
 Birthdate: _____
 Spouse Taxable Income: \$ _____

Pensioner: Yes / No

Medical expenses for the year: Did you spend more than \$2200 per family for the year? \$ _____

Sole Parent: Yes / No

Private Health Insurance Offset: Did you receive a reduction in your premiums through the financial year? Yes / No

Super Contributions on behalf of your spouse Yes / No

Zone/Overseas Forces Rebate Yes / No

Out of pocket medical expenses over the threshold amount \$ _____

5 OTHER

Rental Property receipts and expenses:

Business activity statements – (please attach statements)
Sales of shares: (please attach copies of share sale certificates)
Business income & expenses: provide list of income and expenditure total of each category of expense

Capital gains/loss – details of sale of any investments:

6 PAYMENT Options

I agree that the total fee for the above service is \$ _____ as outlined by my Accountant.

I will pay via: Deduct from refund Credit card Cheque Cash (Please note: \$3 fee for credit card payments)

Deduct fee from refund:

I authorize Accountia to bank my refund into their Trust Account, deduct their professional fees including an additional charge of (\$10 per year) for this service, then direct deposit the balance into my bank account.

Bank BSB No: Account No: _____

Name: _____ Date: _____ Signature: _____

Credit card: Visa / Mastercard

Card No: Card Name: _____

Expiry: / Amount: \$ _____ Signature: _____

7 DECLARATION and Consent

I declare that all the information provided above is true and correct and I understand the Tax Office imposes heavy penalties for giving false or misleading information. I have in my possession, all the necessary receipts and records to evidence any claims I have made for deductions. I authorize my tax agent, T-Tax to lodge my tax return based on the this information.

Signature: _____ Date: _____