

FULL NAME: \_\_\_\_\_ TAX YEAR: \_\_\_\_\_

TFN: \_\_\_\_\_ ABN: \_\_\_\_\_ DOB: \_\_\_\_\_

In the last financial year, did you: (for **NEW CLIENTS** please complete this section in detail)

- Change your residential/postal address: **YES/NO** \_\_\_\_\_
- Change your email or contact numbers: **YES/NO** \_\_\_\_\_
- Live in remote location: **YES/NO** \_\_\_\_\_ Work overseas with ADF or UN armed forces: **YES/NO** \_\_\_\_\_
- Pay child support: **YES/NO** \_\_\_\_\_ Receive family payments or Centrelink benefits: **YES/NO** \_\_\_\_\_
- Become/Cease to be an Australian resident: **YES/NO** \_\_\_\_\_ Date arrived/departed: \_\_\_\_\_

Refund into bank account (must provide bank details below): **No cheques will be sent**

BSB: \_\_\_\_\_ Account #: \_\_\_\_\_ Account Name: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Please answer YES or NO only to the following questions and attach further information and relevant checklists, forms and worksheets available from our website.**

**INCOME:** (make special notes and specify no. of payment summaries as applicable, if extra attachments apply indicate 'see worksheet/summary')

1. Occupation: \_\_\_\_\_ Payment Summaries: **YES/NO** \_\_\_\_\_
2. Allowances, earnings, tips, director's fees: **YES/NO** \_\_\_\_\_
3. Employer Lump Sum Payments: **YES/NO** \_\_\_\_\_
4. Employment Termination Payments: **YES/NO** \_\_\_\_\_
5. Newstart, Youth Allowance, Austudy: **YES/NO** \_\_\_\_\_
6. Government pensions and allowances: **YES/NO** \_\_\_\_\_
7. Australian annuities & super income streams: **YES/NO** \_\_\_\_\_
8. Australian Super Lump Sum payments: **YES/NO** \_\_\_\_\_
9. Attributed Personal Services Income: **YES/NO** \_\_\_\_\_
10. Gross interest from savings or term deposits: **YES/NO** \_\_\_\_\_
11. Dividends: **YES/NO** \_\_\_\_\_
12. Employee Share Scheme: **YES/NO** \_\_\_\_\_
13. Partnerships and trusts (attach managed fund statement): **YES/NO** \_\_\_\_\_
14. Personal Services Income (labour hire, voluntary agreement etc.): **YES/NO** \_\_\_\_\_
15. Net income or loss from business (complete supplementary section): **YES/NO** \_\_\_\_\_
16. Deferred non-commercial loss: **YES/NO** \_\_\_\_\_
17. Net farm management deposits: **YES/NO** \_\_\_\_\_
18. Capital Gains (attach document evidence/worksheets): **YES/NO** \_\_\_\_\_
19. Foreign entities: **YES/NO** \_\_\_\_\_
20. Foreign income: **YES/NO** \_\_\_\_\_
21. Rent income (attach rental property worksheet/client summary): **YES/NO** \_\_\_\_\_
22. Bonus from insurance: **YES/NO** \_\_\_\_\_
23. Forestry Managed Scheme Income (provide Product Ruling): **YES/NO** \_\_\_\_\_
24. Other income: **YES/NO** \_\_\_\_\_

**DEDUCTIONS:** (please see our Deductions Checklist from our website)

**D1.** Work related car expenses: **YES/NO** \_\_\_\_\_

**Log book: YES/NO – Opening:** \_\_\_\_\_ **Closing:** \_\_\_\_\_ **% work used** \_\_\_\_\_ **Cents per km:** \_\_\_\_\_

**D2.** Work-related travel expenses: **YES/NO** \_\_\_\_\_

**D3.** Work-related uniform, laundry, footwear: **YES/NO** \_\_\_\_\_

**D4.** Work-related self education expenses: **YES/NO** \_\_\_\_\_

**D5.** Other work-related expenses: **YES/NO** \_\_\_\_\_

**D6.** Low value pool deduction (items purchased for work such as tools & equipment <\$1000): **YES/NO** \_\_\_\_\_

**D7.** Interest deductions: **YES/NO** \_\_\_\_\_

**D8.** Dividend deductions: **YES/NO** \_\_\_\_\_

**D9.** Gifts or donations: **YES/NO** \_\_\_\_\_

**D10.** Cost of managing tax affairs: **YES/NO** \_\_\_\_\_

Other Deductions (includes income protection insurance): \_\_\_\_\_

**TAX OFFSETS:**

**T1.** Seniors and pensioners (includes self-funded retirees) : \_\_\_\_\_

**T2.** Australian Super Income Stream: **YES/NO** \_\_\_\_\_

**T3.** Superannuation contributions on behalf of your spouse: **YES/NO** \_\_\_\_\_

**T4.** Zone or overseas forces: **YES/NO** \_\_\_\_\_

**T5.** Total net medical Expenses (Disability aids, Aged Care): **YES/NO** \_\_\_\_\_

**Private Health Insurance: YES/NO – Fund:** \_\_\_\_\_ **Member No:** \_\_\_\_\_ **Type of Cover:** \_\_\_\_\_

Premium paid: \_\_\_\_\_ Rebate received: \_\_\_\_\_ Benefit Code: \_\_\_\_\_

**MEDICARE LEVY RELATED ITEMS:**

**M1.**

**Reduction based on family income:**

• No. of dependent children and students: \_\_\_\_\_

**Exemption categories:** (must have certificate of proof)

• Full 1.5% levy exemption – number of days: \_\_\_\_\_

• Half 1.5% levy exemption – number of days: \_\_\_\_\_

**M2.**

**Medicare Levy Surcharge (MLS)** (provide private health statement)

Full year private health cover: **YES/NO**

No. of days not liable to pay surcharge: \_\_\_\_\_

No. of dependent children: \_\_\_\_\_

**ADJUSTMENTS:**

**A1.** Under 18: **YES/NO** \_\_\_\_\_

**A2.** Part-year tax-free threshold: **YES/NO** – No. of months eligible for threshold: \_\_\_\_\_ Date: \_\_\_\_\_

**A3.** Super co-contribution: **YES/NO** – Amount contributed: \$ \_\_\_\_\_

**SPOUSE DETAILS:**

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Sex: \_\_\_\_\_

Spouse for full financial year: **YES/NO** (include dates for partial year) \_\_\_\_\_

**OTHER INFORMATION:**

HELP Debt: **YES/NO** \_\_\_\_\_ SFSS Debt: **YES/NO** \_\_\_\_\_ PAYGI Paid: **YES/NO** \_\_\_\_\_