

Client Details Form 20___ Individual Income Tax Return

Full Name			
Tax File Number			
Date of birth			
ABN (if applicable)			
Address			
Address (postal) (Put 'as above' if the same)			
	Mobile:		
Telephone contacts	Business Hours (work) :		
	After Hours (home):		
Email	@		
Electronic banking	BSB:		
(for refund if applicable)	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		
Constant full name	YES/NO		
Spouse's full name (Please include married/de	facto/same-sey)		
	Tacto/same-sex/		
Spouse's date of birth			
Spouse's TFN Approximate Income (if known)	Approximate Income (if known)		
Approximate income (ii kiid			



	Inc	ome – Please provide eviden	ce		Yes	No	Unsure
	1.	Salary or wages					
		provide all PAYG Payment Summari ayroll) from 31/7) applicable to the				_	_
		statement or PAYG Payment Sumn		•	u with eithe	i un emp	юуппепі
		Payer's ABN	Gross Payment		Tax Withheld		
Α							
В	2.	Allowances, earnings, tips, directo	er's foos ets				
			or siees etc.				
	3.	Employer lump sum payments					
	4.	Employment termination paymer	nts				
	5.	Australian Government allowance Austudy payments	es and payments like Newstart, Y	outh Allowance and			
	6.	Australian Government pensions	and allowances				
	7.	Australian annuities and superani	nuation income streams				
	8.	Australian superannuation lump s	sum payments				
	9.	Attributed personal services incom	me				
	10.	Gross Interest					•
		Bank a)	Account #	Amount		Joint?	
		b)					
		c)					
	11.	Dividends					
	12.	Employee share schemes					
	13.	Distributions from partnerships ar	nd/or trusts (provide distribution	statement)			
	14.	Personal services income (PSI)					
	15.	Net income or loss from business	(as a sole trader)				
	16.	Deferred non-commercial busines	s losses				
	17.	Net farm management deposits o	r repayments				
	18.	Capital gains					
	19.	Foreign entities:					
	_	Direct or indirect interests in a co Transfer of property or services to					
	20.	Foreign source income (including t		sets or property			
	21.	Rent (provide documentation)					
		- Do you have one or more rental					
	22	- Did you buy or sell any property	· · · · · · · · · · · · · · · · · · ·				
		Bonuses from life insurance comp	,				
	23.	Forestry managed investment sch	eme income				
	24.	Other income (please specify belo	w)				



Deductions – Please provide evidence	Yes	No	Unsure
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			
 If the claim is more than the reasonable travel allowance rate, do you have receipts for your expenses? 			
Overseas travel with a reasonable travel allowance			
Do you have receipts for accommodation expenses?			
If travel is for 6 or more nights in a row, do you have travel records (e.g. a travel diary)?			
Employee travel without a reasonable travel allowance			
Did you incur and have receipts for airfares?			
Did you incur and have receipts for accommodation?			
Did you incur and have receipts for hire cars (if applicable)?			
Did you incur and have receipts for airfares?			
Did you incur and have receipts for meals and incidental expenses?			
Do you have any other travel expenses?			
Other work-related travel expenses (e.g. a borrowed car, public transport)			
(Please Specify)			
D3. Work-related uniform and other clothing expenses			
Protective Clothing			
Occupation Specific Clothing			
Non-compulsory uniform			
Compulsory uniform			
Conventional clothing			
Laundry expenses (up to \$150 without receipts)			
Dry cleaning expenses			
Other claims such as mending/repairs, etc. (please specify)			
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Deductions (Continued) – Please provide evidence	Yes	No	Unsure
D4. Work related self-education expenses			
Course taken at educational institution:			
Union fees			
Course fees			
Books, stationery			
Travel			
Other (Please specify)			
		l	l
D5. Other Work-related expenses			
Home Office Expenses			
Computer and software			
Telephone/mobile phone			
Tools and equipment			
Subscriptions and union fees			
Journals or 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)			
Other Types of Deductions			
D6. Low value pool deduction			
D7. Interest deductions			
D8. Dividend deductions			
D9. Gifts or donations			
D10 Cost of managing tax affairs			
 Interest charged by the ATO (e.g. including SIC and GIC) Tax Agent/accounting fees 			
Litigation costs			
Other expenses incurred in managing tax affairs P11. Padvetible expenses incurred adveted graphese price of a faceign pageign against a graphity.			
D11. Deductible amount of undeducted purchase price of a foreign pension or annuity			



Deductions (Continued) – Please provide evidence		Yes	No	Unsure
D12. Personal superannuation contributions				
Full name of fund	Account Number:			
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?				
Other types of deductions (continued)				
D13. Deduction for project pool				
D14. Forestry managed investment scheme deduction				
D15. Other deductions (please specify)				
L1. Tax losses of earlier income years				

Tax offsets/rebates – Please provide evidence	Yes	No	Unsure
T1. Are you a senior Australian or pensioner?			
T2. Did you receive an Australian superannuation income stream?			
T3. Did you make superannuation contributions on behalf of your spouse?			
T4 Did you live in a remote area of Australia or serve overseas with the Australian Defence			
Force or the UN armed forces in the 2019 income year?			
T5. Did you have net medical expenses for disability aids, attendant care or aged care in the			
2019 income year?			
T6. Did you maintain a dependant who is unable to work due to invalidity or carer			
obligations in the 2019 income year?			
T7. Are you entitled to claim the landcare and water facility tax offset?			
T8. Are you involved in an early stage venture capital limited partnership?			
T9. Are you an early stage investor in an early stage innovation company?			
T10. Are you entitled to any other non-refundable tax offsets? (Please specify below)			
T11. Are you entitled to any other refundable tax offsets? (Please specify below)			
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Other relevant information – Please provide evidence		No	Unsure
A. Are you entitled to the Medicare levy exemption or reduction in the 2019 income year?			
If yes, please specify:			
B. Did you and your spouse/dependants have private health insurance in the 2019 income year?			
(If yes, please provide the annual statement received from your health fund)			
C. Were you under 18 years old on 30 June 2019?			
D. Did you become an Australian tax resident at any time during the income year?			
E. Did you cease to be an Australian tax resident at any time during the income year?			
F. Did you make a non-deductible (non-concessional) personal super contribution?			
G. Do you have a HELP liability, Student Financial Supplement Loan debt, Student Start-Up Load debt or Trade Support Loan debt?			
H. Are you a working holiday maker in Australia on a 417 (working holiday) visa or 462 working holiday) visa?			
I. Did a trust or company distribute income to you in respect of which Family Trust Distribution Tax (FTDT) was paid by the trust or company? (Please specify below)			
J. Do you have a loan with a private company at 30 June 2019 or has such a loan amount			
been forgiven in the 2019 income year? Has a private company made a payment to you			
in the 2019 income year (other than a dividend)? (Please specify below)			
K. Did you receive any benefit from an employee share acquisition scheme?			
L. Family Tax Benefit ('FTB'):			
Did you have care of a dependent child in the 2019 income year?Did you have care of a dependent child in the 2019 income year? – Names & DOBs required			
Name:			
Name:			
Did you or your spouse receive FTB through the Department of Human Services in the			
2019 income year?			
Income Tests information			
 Do you have any reportable fringe benefits amounts in the 2019 income year? 			
Do you have any reportable employer superannuation contributions in the 2019 income			
year?			
Did you receive any tax-free government pensions in the 2019 income year?			
Did you receive any target foreign income in the 2019 income year?			
Did you have a net financial investment loss in the 2019 income year?			
Did you have a net rental property loss in the 2019 income year?			
Did you pay child support in the 2019 income year?			
Number of dependent children?			



Other relevant inform	nation – Please provide evidence	Yes	No	Unsure
Spouse Details (if applicat	ole)			
spouse for only part o June 2019 when you h	for the full year from 1 July 2018 to 30 June 2019? If you had a f the income year, please specify the dates between 1 July 2018 to 30 and a spouse? to/			
What was your spouse	s's taxable income for the 2019 income year?	\$		
Does your spouse have	e a share of trust income on which the trustee is assessed under			
Section 98 that has no	t been included in your spouse's taxable income?		Ĭ	
Did a trust or company	distribute income to your spouse in respect of which family trust			
distribution tax was pa	aid by the trust or company for the 2019 income year?		İ	
Did your spouse have	any reportable fringe benefits amounts for the 2019 income year?			
Did your spouse receive	re any Australian Government pensions or allowances (not including			
exempt pension incom	ne) in the 2019 income year?		İ	
Did your spouse receive	ve any exempt pension income in the 2019 income year?			
Did your spouse receive	ve any tax-free government pensions paid under the Military			
Rehabilitation and Cor	mpensation Act 2004?		İ	
Does your spouse have	e any reportable employer superannuation contributions or			
deductible personal su	perannuation contributions for the 2019 income year?		İ	
Did your spouse receive	e any 'target foreign income' in the 2019 income year?			
Did your spouse have	a total net investment loss (i.e., the total of any financial investment			
loss and a rental prope	erty loss) for the 2019 income year?		İ	
Did your spouse pay cl	nild support during the 2019 income year?			
If your spouse is aged	between their preservation age and 59 years old, did they receive a			
superannuation lump	sum (other than a death benefit) during the 2019 income year that		Ì	
included a taxed elem	ent that does not exceed their low rate cap?		İ	
Additional notes/concern	s:			
Dated:	//			
Signature of taxpayer:				
Name (Print)				