|  |  |
| --- | --- |
| NAME |  |
| ADDRESS |  |
| POSTAL ADDRESS |  |
| PHONE |  |
| EMAIL |  |
| DOB |  |
| **BANK DETAILS** |  |
| ACCOUNT NAME |  |
| ACCOUNT NUMBER |  |
| BSB |  |
| **TAX DETAILS** |  |
| TFN |  |
| ABN |  |
| ARE YOU REGISTERED FOR GST? |  |
| PARTNER (Y/N) IF YES, NAME/DOB |  |
| ANY DEPENDANTS (Y/N) HOW MANY? |  |
| ANY CHILD SUPPORT DEBT THAT YOU’RE AWARE OF? |  |
| **WORK DETAILS** |  |
| MAIN OCCUPATION |  |
| HOW MANY EMPLOYERS? |  |
| ARE YOU RESIDENT FOR TAX PURPOSES? |  |
| ARE YOU IN AUSTRALIA ON A WORKING HOLIDAY VISA? |  |

|  |  |
| --- | --- |
| **CLAIM DETAILS** |  |
| COST OF MANAGING TAX AFFAIRS (FOR LAST FY) |  |
| DONATIONS |  |
| INCOME PROTECTION  |  |
| LAUNDRY |  |
| WORK RELATED LICENCES |  |
| PHONE – WORK RELATED ONLY |  |
| PRIVATE HEALTH INSURANCE |  |
| PROTECTIVE CLOTHING |  |
| SAFETY EQUIPMENT |  |
| SELF EDUCATION |  |
| STATIONARY |  |
| SUN PROTECTION |  |
| TOOLS |  |
| UNION FEES |  |
|  |  |
| DID YOU WORK AT HOME? |  |
| HOW MANY HOURS (FULL TIME 3 WKS, 20 HRS/WK FOR 6 WKS ETC) |  |
| DO YOU HAVE A LOGBOOK OR RECORD (PLEASE ATTACH) |  |
| ANY OTHER IMPORTANT INFORMATION: |  |
| **CLIENT SIGNATURE** |  |
| **DATE** |   |

Please fill in as many details and attach any supporting documents. You can return by emailing us, or by returning to the office.