



INDIVIDUAL TAX RETURN INFORMATION

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?	



INDIVIDUAL TAX RETURN INFORMATION

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.

OFFICE USE ONLY –

DATE RECEIVED

CONSENT FORM SIGNED

CHECKED/UPDATED CLIENT DETAILS

CHECKED ATO PORTAL DETAILS ARE CORRECT