

Tax Return Information Form

2017 Individual Tax Return

INFORMATION FOR 2017 TAX RETURN (1 July 2016 to 30 June 2017)

Name			Spouse Name		
DOB			Spouse DOB		
Residential Address			Spouse Taxable Income		
TFN			Email		
Phone	W		M		

BANK DETAILS (If you are expecting a refund, you MUST provide the ATO your EFT Bank Details)

Account Name			Bank Name		
BSB			Account No.		

CHILDREN

Name			Name		
DOB			DOB		
Name			Name		
DOB			DOB		

PAYG PAYMENT SUMMARIES (Please attach)

EMPLOYER	OCCUPATION	GROSS	TAX
		\$	\$
		\$	\$
		\$	\$

BANK INTEREST / DIVIDENDS / ETC

DETAILS	AMOUNT
	\$
	\$

WORK & OTHER EXPENSES (Please attach or email detailed listing)

Motor Vehicle	See Worksheet	Reference Books	\$
Parking	\$	Stationery	\$
Tolls	\$	Mobile Phone	\$
Taxi Fares	\$	Internet	\$
Other Travel (Interstate or Overseas)	\$	Memberships	\$
Uniform/Laundry	\$	Tools & Equipment	\$
Sun Protection Items	\$	Others	\$
Work from Home (Hours per Week)		Gifts & Donations	\$
Union Fees	\$	Income Protection Insurance	\$
Seminars/Prof Development	\$	Tax Agent Fees	\$

PRIVATE HEALTH INSURANCE

Do you have Private Health Insurance?	<input type="checkbox"/> Yes - Please provide Private Health Statement			
	<input type="checkbox"/> No			
Do you have any of these items?	<input type="checkbox"/> Investment Income	<input type="checkbox"/> Rental Properties		
	<input type="checkbox"/> Investment Sold	<input type="checkbox"/> Motor Vehicles used for Work		
Would you like a review of?	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Wills	<input type="checkbox"/> Insurance	<input type="checkbox"/> Business Ideas
Are you on a Visa or are you a temporary resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		