

Prepared by:

Reviewed by:

Lodgement date

Fees \$

Client details – 2014 individual income tax return

Please use BLOCK Letters

Please Circle - Existing Client / New Client – If New how did you hear about us – Advertisement / Referred by.....

Date of filling this form: .....

Title (Please circle) ( Mr / Ms / Mrs / Miss)

First Name .....

Surname .....

Address – (Street No & Name).....

(Suburb) .....Post Code.....

Tax file no ..... ABN (if applicable).....

Telephone no. ( Mobile) ..... Home no.....

Email address .....

What is your occupation? ..... Date of birth.....

Full Name of Spouse ..... Date of birth of spouse .....

Taxable income of your spouse .....

Your Bank Details: BSB..... Account No.....A/c Name.....

Are you entitled to the Medicare levy exemption or reduction in 2014 Year? ..... YES/NO

How many Dependent Children do you have? .....

Do you have private Health Insurance? Yes / No if yes please provide private health insurance statement.

Salary and wages YES/NO

How many Payment summaries do you have attached? .....

Did you earn any interest income YES/NO. If yes complete below

Bank Name Account No. Amount Tax withheld Joint Names? YES/NO

Did you receive any Government Benefits/Centerlink payments and allowances? Yes / No

Did you receive any Dividends? Yes / No

Did you receive any Business Income/ Income on ABN? Yes / No

Did you earn any Capital Gains on Sale of Shares, Properties or other Capital Assets? Yes / No

Details of work-related expenses

D1. Work related Car Expenses (cents per km method if travel less than 5000kms)

Make of Car Engine size CC Kms Travelled Claim \$

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Estimated Refund \$

**D2. Work related Travel Expenses (Air Travel, Taxis, Parking, interstate/overseas travel/accommodation, etc)**

**D3. Work related Uniform/Laundry/Safety shoes**

Protective clothing

Occupation specific clothing

Compulsory Uniform

Dry cleaning

Laundry

Other

**D4. Work related Self Education Expenses**

Name of Course and Institution	Amount \$	Date paid
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**D5. Other Work related Expenses**

	Date	Nature of expense	Amount \$
Home office expenses			
Computer and software			
Telephone/mobile phone			
Internet			
Tools and equipment			
Subscriptions and union fees			
Journals/periodicals			
Sun protection items			
Seminars and courses			
Other (please specify)			

**D9. Donations**

**D10. Tax Agent Fees (paid during 2012-2013 year) \$**

Do you have a HECS/HELP liability or a student financial supplement loan debt? ..... YES/NO

**Details of any other Income and Expenses not covered above**

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**Signature – Please sign here**

**Date**