

Client details form – individual income tax return

| | |
|--|---|
| Full Name | |
| Tax File Number | |
| Date of birth | |
| ABN (if applicable) | |
| Address | |
| Address (postal) <small>(Put 'as above' if the same)</small> | |
| Telephone contacts | Mobile: |
| | Business Hours (work) : |
| | After Hours (home): |
| Email | |
| Electronic banking Details <small>(for refund if applicable)</small> | BSB: |
| | Account Number: |
| Occupation | |
| | <p>Do you run your own business as a sole trader? YES/NO</p> <p>Do you run your own business in a company, trust or partnership? YES/NO</p> |

| | |
|--|--|
| Spouse's full name <small>(Please include married/de facto/same-sex)</small> | |
| Spouse's date of birth | |
| Spouse's TFN | |
| Approximate Income (if known) | |

Client details continued

Do you have any dependants (children up to the age of 21, full time students under the age of 25, parents or parents in law) living with you?

YES/NO.....If YES, please provide short summary of the details below:

| FULL NAME | DATE OF BIRTH |
|-----------|---------------|
| 1. | |
| 2. | |
| 3. | |

1. Have you had a change in marital status during the income year? (Please circle)

YES / NO

2. Have you had a change in occupation or started a new job during the income year? (Please circle)

YES / NO

3. Have you had a change of address during the income year? (Please circle)

YES / NO

4. Did you buy or sell any property during the income year? (Please circle)
(e.g., shares, rental property, main residence)

YES/NO.....If YES, please provide short summary of the details below:

| Type of asset (e.g., shares/ holiday home) | Date acquired (approx) | Price sold for (approx) |
|--|------------------------|-------------------------|
| | | |
| | | |
| | | |

5. Was last year's return prepared by a registered tax agent (other than our firm)

YES/NOIf YES, please provide short summary of the details below:

| | |
|------------------------------|--|
| FIRM NAME and contact | |
| FIRM address | |
| Details of work done | |

6. Last year, did you sign an Electronic Funds Transfer if you are entitled to a refund? (Please circle)

YES/NO

Client details continued

| Salary and wages | | 1 |
|--|----|-------------------------------|
| Main occupation | | |
| Payer's ABN | | |
| Tax Withheld: \$ | | Gross Payment : \$ |
| Payment summary attached? | | YES/NO (please circle) |
| Reportable Fringe Benefits | \$ | |
| Reportable Employer Superannuation Contributions | \$ | |

| Salary and wages | | 2 |
|--|----|-------------------------------|
| Main occupation | | |
| Payer's ABN | | |
| Tax Withheld: \$ | | Gross Payment : \$ |
| Payment summary attached? | | YES/NO (please circle) |
| Reportable Fringe Benefits | \$ | |
| Reportable Employer Superannuation Contributions | \$ | |

| Salary and wages | | 3 |
|--|----|-------------------------------|
| Main occupation | | |
| Payer's ABN | | |
| Tax Withheld: \$ | | Gross Payment : \$ |
| Payment summary attached? | | YES/NO (please circle) |
| Reportable Fringe Benefits | \$ | |
| Reportable Employer Superannuation Contributions | \$ | |

Details of cash management trust distributions received

| Trust | Amount | Franking credits | Trustee tax | TFN amount | Net capital gains | Other |
|--------------|---------------|-------------------------|--------------------|-------------------|--------------------------|--------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Dated the day of 20.....

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Signature of taxpayer