

Full name:

Tax year

Address:

Email address:

Phone number:

Bank account details: Account name

BSB

Account

INCOME

Please provide all paperwork relating to your income

PAYG Summary	<input type="checkbox"/>	Centrelink income	<input type="checkbox"/>
Bank Interest (include bank account details)	<input type="checkbox"/>	Rent from Rental properties	<input type="checkbox"/>
Dividends or Trust distributions	<input type="checkbox"/>	Cryptocurrency	<input type="checkbox"/>
Business (ABN) Income - Include summary	<input type="checkbox"/>	Share Sales & other Capital Assets	<input type="checkbox"/>
<i>(Include purchase and sale documents)</i>			

WORK RELATED EXPENSES

Please supply how much you have spent on these items and provide all paperwork

Travel	\$	Description	
Self-Education	\$	Description	
Income protection insurance	\$	Description	
Seminar/Conference	\$	Description	
Professional development	\$	Description	
Computer and WIFI	\$	Description	
Tools of the trade	\$	Description	
Occupation specific purchases	\$	Description	
Sun protection purchases	\$	Description	
Protective clothing/uniform	\$	Description	
Laundry of work uniform	\$	Description	

(Uniform items must be logo'd, occupation specific, protective or compulsory to be claimable)

Home office - working from home	Hours		per week
Work related phone usage	Invoice	\$	per month. Percentage of work use %
Personal super contributions	\$	Description	

Rental property expenses - For example; Shire rates, repairs & maintenance, interest on loans, insurance, real estate agent fees

OTHER DEDUCTIONS

Donations	\$	Description	
Prior year tax agent fee's	\$	Description	
Investment deductions	\$	Description	
Travel to tax agent	km's	Description	

Motor Vehicle Expenses *(applies if you use your motor vehicle for work related travel; not return travel from home to work)*

Model		Registration	
Log book		% Business kilometres	km's
Odometer reading		at 30th June	

OTHER IMPORTANT INFORMATION

Did you contribute to your Superfund?	Please provide Superfund annual statement
Do you have a spouse or defacto?	Please include name, date of birth & taxable income
Do you have private health insurance?	Please provide private health insurance annual statement
Do you have dependent children?	Please include names and dates of birth