

## Client Details Form

### 2017 Individual Income Tax Return

|                                                                                                                          |                                                                                                        |                     |  |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------|--|
| <b>Full Name</b>                                                                                                         |                                                                                                        |                     |  |
| <b>Tax File Number</b>                                                                                                   | _ _ _ _ _                                                                                              |                     |  |
| <b>Date of birth</b>                                                                                                     | _ _ / _ _ / _ _                                                                                        |                     |  |
| <b>ABN (if applicable)</b>                                                                                               |                                                                                                        |                     |  |
| <b>Address</b>                                                                                                           |                                                                                                        |                     |  |
| <b>Address (postal)</b><br><small>(Put 'as above' if the same)</small>                                                   |                                                                                                        |                     |  |
| <b>Telephone contacts</b>                                                                                                | <b>Mobile:</b>                                                                                         |                     |  |
|                                                                                                                          | <b>Business Hours (work) :</b>                                                                         |                     |  |
|                                                                                                                          | <b>After Hours (home):</b>                                                                             |                     |  |
| <b>Email</b>                                                                                                             | _ _ _ _ _ @ _ _ . _ _ . _ _                                                                            |                     |  |
| <b>Electronic banking</b><br><small>(for refund if applicable)</small>                                                   | <b>BSB:</b>                                                                                            | _ _ _ - _ _ _       |  |
|                                                                                                                          | <b>Account Number:</b>                                                                                 | _ _ _ _ _ _ _ _ _ _ |  |
| <b>Occupation</b>                                                                                                        |                                                                                                        |                     |  |
|                                                                                                                          |                                                                                                        |                     |  |
|                                                                                                                          | <b>Do you run your own business as a sole trader?</b> <span style="float: right;"><b>YES/NO</b></span> |                     |  |
| <b>Do you run your own business in a company, trust or partnership?</b> <span style="float: right;"><b>YES/NO</b></span> |                                                                                                        |                     |  |
| <b>Spouse's full name</b><br><small>(Please include married/de facto/same-sex)</small>                                   |                                                                                                        |                     |  |
| <b>Spouse's date of birth</b>                                                                                            |                                                                                                        |                     |  |
| <b>Spouse's TFN</b>                                                                                                      |                                                                                                        |                     |  |
| <b>Approximate Income (if known)</b>                                                                                     |                                                                                                        |                     |  |

| Income – Please provide evidence                                                                     | Yes | No | Unsure |
|------------------------------------------------------------------------------------------------------|-----|----|--------|
| 1. Salary or wages                                                                                   |     |    |        |
| 2. Allowances, earnings, tips, director's fees etc.                                                  |     |    |        |
| 3. Employer lump sum payments                                                                        |     |    |        |
| 4. Employment termination payments                                                                   |     |    |        |
| 5. Australian Government allowances and payments like Newstart, Youth Allowance and Austudy payments |     |    |        |
| 6. Australian Government pensions and allowances                                                     |     |    |        |
| 7. Australian annuities and superannuation income streams                                            |     |    |        |
| 8. Australian superannuation lump sum payments                                                       |     |    |        |
| 9. Attributed personal services income                                                               |     |    |        |
| 10. Gross Interest                                                                                   |     |    |        |
| 11. Dividends                                                                                        |     |    |        |
| 12. Employee share schemes                                                                           |     |    |        |
| 13. Distributions from partnerships and/or trusts                                                    |     |    |        |
| 14. Personal services income (PSI)                                                                   |     |    |        |
| 15. Net income or loss from business (as a sole trader)                                              |     |    |        |
| 16. Deferred non-commercial business losses                                                          |     |    |        |
| 17. Net farm management deposits or repayments                                                       |     |    |        |
| 18. Capital gains                                                                                    |     |    |        |
| 19. Foreign entities:                                                                                |     |    |        |
| – Direct or indirect interests in a controlled foreign company                                       |     |    |        |
| – Transfer of property or services to a non-resident trust                                           |     |    |        |
| 20. Foreign source income (including foreign pensions) and foreign assets or property                |     |    |        |
| 21. Rent                                                                                             |     |    |        |
| 22. Bonuses from life insurance companies or friendly societies                                      |     |    |        |
| 23. Forestry managed investment scheme income                                                        |     |    |        |
| 24. Other income (please specify below)                                                              |     |    |        |
|                                                                                                      |     |    |        |
|                                                                                                      |     |    |        |
|                                                                                                      |     |    |        |
|                                                                                                      |     |    |        |
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|                                                                                                      |     |    |        |
|                                                                                                      |     |    |        |
|                                                                                                      |     |    |        |

| Deductions – Please provide evidence                                                                                                                    | Yes | No | Unsure |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| D1. Work related car expenses                                                                                                                           |     |    |        |
| <ul style="list-style-type: none"><li>Cents per kilometre method (up to a maximum of 5,000 kms)</li></ul>                                               |     |    |        |
| <ul style="list-style-type: none"><li>Log book method</li></ul>                                                                                         |     |    |        |
| D2. Work related travel expenses                                                                                                                        |     |    |        |
| Employee domestic travel with a reasonable travel allowance                                                                                             |     |    |        |
| <ul style="list-style-type: none"><li>If the claim is more than the reasonable travel allowance rate, do you have receipts for your expenses?</li></ul> |     |    |        |
| Overseas travel with a reasonable travel allowance                                                                                                      |     |    |        |
| <ul style="list-style-type: none"><li>Do you have receipts for accommodation expenses?</li></ul>                                                        |     |    |        |
| <ul style="list-style-type: none"><li>If travel is for 6 or more nights in a row, do you have travel records (e.g. a travel diary)?</li></ul>           |     |    |        |
| Employee travel without a reasonable travel allowance                                                                                                   |     |    |        |
| <ul style="list-style-type: none"><li>Did you incur and have receipts for airfares?</li></ul>                                                           |     |    |        |
| <ul style="list-style-type: none"><li>Did you incur and have receipts for accommodation?</li></ul>                                                      |     |    |        |
| <ul style="list-style-type: none"><li>Did you incur and have receipts for hire cars (if applicable)?</li></ul>                                          |     |    |        |
| <ul style="list-style-type: none"><li>Did you incur and have receipts for airfares?</li></ul>                                                           |     |    |        |
| <ul style="list-style-type: none"><li>Did you incur and have receipts for meals and incidental expenses?</li></ul>                                      |     |    |        |
| <ul style="list-style-type: none"><li>Do you have any other travel expenses?</li></ul>                                                                  |     |    |        |
| Other work-related travel expenses (e.g. a borrowed car, public transport)                                                                              |     |    |        |
| (Please Specify)                                                                                                                                        |     |    |        |
|                                                                                                                                                         |     |    |        |
|                                                                                                                                                         |     |    |        |
|                                                                                                                                                         |     |    |        |
|                                                                                                                                                         |     |    |        |
|                                                                                                                                                         |     |    |        |
| D3. Work-related uniform and other clothing expenses                                                                                                    |     |    |        |
| <ul style="list-style-type: none"><li>Protective Clothing</li></ul>                                                                                     |     |    |        |
| <ul style="list-style-type: none"><li>Occupation Specific Clothing</li></ul>                                                                            |     |    |        |
| <ul style="list-style-type: none"><li>Non-compulsory uniform</li></ul>                                                                                  |     |    |        |
| <ul style="list-style-type: none"><li>Compulsory uniform</li></ul>                                                                                      |     |    |        |
| <ul style="list-style-type: none"><li>Conventional clothing</li></ul>                                                                                   |     |    |        |
| <ul style="list-style-type: none"><li>Laundry expenses (up to \$150 without receipts)</li></ul>                                                         |     |    |        |
| <ul style="list-style-type: none"><li>Dry cleaning expenses</li></ul>                                                                                   |     |    |        |
| <ul style="list-style-type: none"><li>Other claims such as mending/repairs, etc. (please specify)</li></ul>                                             |     |    |        |
|                                                                                                                                                         |     |    |        |
|                                                                                                                                                         |     |    |        |

| Deductions (Continued) – Please provide evidence                                    |  | Yes                   | No | Unsure |
|-------------------------------------------------------------------------------------|--|-----------------------|----|--------|
| D4. Work related self-education expenses                                            |  |                       |    |        |
| Course taken at educational institution:                                            |  |                       |    |        |
| • Union fees                                                                        |  |                       |    |        |
| • Course fees                                                                       |  |                       |    |        |
| • Books, stationery                                                                 |  |                       |    |        |
| • Travel                                                                            |  |                       |    |        |
| • Other (Please specify)                                                            |  |                       |    |        |
|                                                                                     |  |                       |    |        |
|                                                                                     |  |                       |    |        |
| D5. Other Work-related expenses                                                     |  |                       |    |        |
| • Home Office Expenses                                                              |  |                       |    |        |
| • Computer and software                                                             |  |                       |    |        |
| • Telephone/mobile phone                                                            |  |                       |    |        |
| • Tools and equipment                                                               |  |                       |    |        |
| • Subscriptions and union fees                                                      |  |                       |    |        |
| • Journals or periodicals                                                           |  |                       |    |        |
| • Depreciation                                                                      |  |                       |    |        |
| • Sun protection products (i.e. sunscreen and sunglasses)                           |  |                       |    |        |
| • Seminars and courses not at an educational institution                            |  |                       |    |        |
| • Any other work-related deductions (please specify)                                |  |                       |    |        |
|                                                                                     |  |                       |    |        |
|                                                                                     |  |                       |    |        |
| Other Types of Deductions                                                           |  |                       |    |        |
| D6. Low value pool deduction                                                        |  |                       |    |        |
| D7. Interest deductions                                                             |  |                       |    |        |
| D8. Dividend deductions                                                             |  |                       |    |        |
| D9. Gifts or donations                                                              |  |                       |    |        |
| D10 Cost of managing tax affairs                                                    |  |                       |    |        |
| D11. Deductible amount of undeducted purchase price of a foreign pension or annuity |  |                       |    |        |
| D12. Personal superannuation contributions                                          |  |                       |    |        |
| Full name of fund _____                                                             |  | Account Number: _____ |    |        |
| Fund ABN: _____                                                                     |  | Fund TFN: _____       |    |        |
| • Do you pass the 10% test?                                                         |  |                       |    |        |
| • Have you provided the fund a notice of intention to deduct the contribution?      |  |                       |    |        |
| • Has this notice been acknowledged by the fund?                                    |  |                       |    |        |

| Deductions (Continued) – Please provide evidence  | Yes | No | Unsure |
|---------------------------------------------------|-----|----|--------|
| Other types of deductions (continued)             |     |    |        |
| D13. Deduction for project pool                   |     |    |        |
| D14. Forestry managed investment scheme deduction |     |    |        |
| D15. Other deductions (please specify)            |     |    |        |
|                                                   |     |    |        |
|                                                   |     |    |        |
| L1. Tax losses of earlier income years            |     |    |        |
|                                                   |     |    |        |

| Tax offsets/rebates – Please provide evidence                                                                                                     | Yes | No | Unsure |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| T1. Are you a senior Australian or pensioner?                                                                                                     |     |    |        |
| T2. Did you receive an Australian superannuation income stream?                                                                                   |     |    |        |
| T3. Did you make superannuation contributions on behalf of your spouse?                                                                           |     |    |        |
| T4 Did you live in a remote area of Australia or serve overseas with the Australian Defence Force or the UN armed forces in the 2017 income year? |     |    |        |
| T5. Did you have net medical expenses for disability aids, attendant care or aged care in the 2017 income year?                                   |     |    |        |
| T6. Did you maintain a dependant who is unable to work due to invalidity or carer obligations in the 2017 income year?                            |     |    |        |
| T7. Are you entitled to claim the landcare and water facility tax offset?                                                                         |     |    |        |
| T8. Are you involved in an early stage venture capital limited partnership?                                                                       |     |    |        |
| T9. Are you an early stage investor in an early stage innovation company?                                                                         |     |    |        |
| T10. Are you entitled to any other non-refundable tax offsets? (Please specify below)                                                             |     |    |        |
| T11. Are you entitled to any other refundable tax offsets? (Please specify below)                                                                 |     |    |        |
|                                                                                                                                                   |     |    |        |
|                                                                                                                                                   |     |    |        |
|                                                                                                                                                   |     |    |        |
|                                                                                                                                                   |     |    |        |

| Other relevant information – Please provide evidence                                                                                                                                                                                                     | Yes | No | Unsure |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| A. Are you entitled to the Medicare levy exemption or reduction in the 2017 income year?                                                                                                                                                                 |     |    |        |
| If yes, please specify: _____                                                                                                                                                                                                                            |     |    |        |
| B. Did you and your spouse/dependants have private health insurance in the 2017 income year? <i>(If yes, please provide the annual statement received from your health fund)</i>                                                                         |     |    |        |
| C. Were you under 18 years old on 30 June 2017?                                                                                                                                                                                                          |     |    |        |
| D. Did you become an Australian tax resident at any time during the income year?                                                                                                                                                                         |     |    |        |
| E. Did you cease to be an Australian tax resident at any time during the income year?                                                                                                                                                                    |     |    |        |
| F. Did you make a non-deductible (non-concessional) personal super contribution?                                                                                                                                                                         |     |    |        |
| G. Do you have a HELP liability, Student Financial Supplement Loan debt, Student Start-Up Load debt or Trade Support Loan debt?                                                                                                                          |     |    |        |
| H. Are you a working holiday maker in Australia on a 417 (working holiday) visa or 462 (working holiday) visa?                                                                                                                                           |     |    |        |
| I. Did a trust or company distribute income to you in respect of which Family Trust Distribution Tax (FTDT) was paid by the trust or company? <i>(Please specify below)</i>                                                                              |     |    |        |
| J. Do you have a loan with a private company at 30 June 2017 or has such a loan amount been forgiven in the 2017 income year? Has a private company made a payment to you in the 2017 income year (other than a dividend)? <i>(Please specify below)</i> |     |    |        |
|                                                                                                                                                                                                                                                          |     |    |        |
|                                                                                                                                                                                                                                                          |     |    |        |
|                                                                                                                                                                                                                                                          |     |    |        |
| K. Did you receive any benefit from an employee share acquisition scheme?                                                                                                                                                                                |     |    |        |
| L. Family Tax Benefit ('FTB'):                                                                                                                                                                                                                           |     |    |        |
| • Did you have care of a dependent child in the 2017 income year?                                                                                                                                                                                        |     |    |        |
| • Did you or your spouse receive FTB through the Department of Human Services in the 2017 income year?                                                                                                                                                   |     |    |        |
| Income Tests information                                                                                                                                                                                                                                 |     |    |        |
| • Do you have any reportable fringe benefits amounts in the 2017 income year?                                                                                                                                                                            |     |    |        |
| • Do you have any reportable employer superannuation contributions in the 2017 income year?                                                                                                                                                              |     |    |        |
| • Did you receive any tax-free government pensions in the 2017 income year?                                                                                                                                                                              |     |    |        |
| • Did you receive any target foreign income in the 2017 income year?                                                                                                                                                                                     |     |    |        |
| • Did you have a net financial investment loss in the 2017 income year?                                                                                                                                                                                  |     |    |        |
| • Did you have a net rental property loss in the 2017 income year?                                                                                                                                                                                       |     |    |        |
| • Did you pay child support in the 2017 income year?                                                                                                                                                                                                     |     |    |        |
| • Number of dependent children?                                                                                                                                                                                                                          |     |    |        |

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