

1. PERSONAL DETAILS

Name: Mr / Mrs / Miss / Ms _____

Address : _____

_____ State: _____ Postcode: _____

Phone: hm _____ mob _____

Tax File Number: _____

Date of Birth: ____/____/____

Spouse: _____ DOB _____

Children: _____ DOB _____

_____ DOB _____

_____ DOB _____

For additional children, please include on separate page

2. INCOME

Salary & Wages:

Have you been employed on Salary or wages this year?

Yes (Please fax all PAYG payment summaries with this application)

Main Occupation: _____

No (Continue)

Centrelink Payments:

Did you receive any Australian Government Payments, including newstart, youth or student allowances, abstudy or austudy, or any pensions from centrelink through the year?

Yes (Please fax all PAYG payment summaries with this application)

No (Continue)

ETP (Eligible Termination Payment):

Did you receive any payments on termination of employment or withdraw money from a superannuation fund?

Yes (Please fax ETP payment summary with this application)

No (Continue)

Bank Interest:

Bank _____ Amount _____

Bank _____ Amount _____

For additional bank interest, please include on separate page

Shares & Dividends:

Do you have any shares or received any dividends from shares during the year?

This includes shares you may have had but sold during the year?

Yes (Please provide dividend statements if available)

No (Continue)

Managed Funds:

Do you have any money invested in managed funds?

Yes (Please provide copy of "Tax Summary" provided by your fund)

No (Continue)

Other Income:

Did you receive any other income from any other sources throughout the year?

This could include items such as rental property income, business, partnership, or compensation?

Yes (Please phone this office on (02) 4390 8822 for further details)

No (Continue)

3. DEDUCTIONS

Did you have any deductions in relation to “Income Producing / Work Activities”?

Motor vehicle:

Did you use your Motor vehicle for any work purposes?

Yes

Reason _____

Make of car _____ Engine capacity _____

cc rego _____ Number of kms travelled _____

No (Continue)

Travel:

Did you do any travelling in relation to your **current work activity**?

Yes No

Self education:

Did you participate in any course in relation to your **current work activity**?

Yes No

Uniform:

Did you have a company uniform with logo?

Yes No

Are you required to wear protective clothing to work?

Yes No

Other work deductions:

Do you have any other deductions relating to your employment income, such as Union fees, Phone, Stationary, Tools etc

Yes No

Donations:

Did you make any Tax Deductible Donations to eligible charities?

Yes No

Tax Agent fees:

Did you pay a registered Tax Agent for the lodgement of your Tax return last year?

Yes

Name of Agent _____ Fee _____

No (Continue)

*** If you answered Yes to the above questions, we will call you at a convenient time to review deductions to be claimed.**

Most convenient number _____

Day Night

4. PRIVATE HOSPITAL COVER

Were you and your dependants covered by Private Hospital Cover for the full financial year?

Yes

Name of Fund _____ Member Number _____

No (Continue)

5. MEDICAL

Did you have any "out of pocket" medical expenses over \$1,500, between you and all of your dependants?

Yes No

6. FOR THOSE WITH CHILDREN

Family Tax Benefit :

Did you claim your Family Tax Benefit in fortnightly payments at any time during the financial year?

Yes (Continue)

No (To be claimed on tax return)

Child Care Rebate:

Did you pay for childcare fees during the 2005 / 2006 financial year?

Yes No

***If you answered No to Family Tax Question or Yes to Child Care question, we will need to phone you for further information.**

Most convenient number _____

Day

Night

Name: _____

Signed: _____

Date: _____