

Client name			
Address			
Telephone no		Fax no	
Mobile no		Email address	
Change in marital status?		Date of birth	
What is your occupation?			
Dependants?			YES/NO
If yes, how many dependa	ınts?		
Full Names	Date of bir	th	
Income			
Salary or wages			Attached 🗖
Allowances, earnings, tips	, director's fees etc		Attached 🗅
Australian Government all	owances, pensions and pa	yments	Attached 🗖
Australian annuities and s	uperannuation income stre	ams & lump sum paym	entsAttached 🗖
Details of interest received	d :		
Bank	Account number	Amount	Joint names?



Details of dividends received (or reinvested on your behalf)

Company	Date Paid	Unfranked Dividend's	Franked Dividends	Franking Credits	TFN Amount

Distributions from partnerships, trusts or managed funds	Attached 🗖
Capital gains (Please attach original purchase and sale documentation)	Attached 🗖
Foreign source income (including foreign pensions) and foreign assets or property	Attached 🗖
Rental property income & expenditure summary Attached	
Other income (please specify)	Attached 🗖

Deductions

Please provide details regarding your work related car, work related travel, work related uniform, work related education expenses, as well as interest deductions, dividend deductions, personal superannuation contributions and gifts and donations, and any other work related expenses in the following schedule.

Date Incurred	Description	Amount



Additional Information		
Private health statement		Attached 🗖
Education tax refund details		Attached 🗖
Medical Expenses for the period.		Attached 🗖
FMD Deposit/Withdrawal details.		Attached □
Details of any investments made	during the year	Attached 🗅
Spouse name, D.O.B & separate	net income	
Please provide any other info your 2010/11 tax return.	rmation that you feel will be int	egral to the preparation of



Please sign and date once all information has been checked and collated
×
Date: / / 2011