

Client Details Form 2017 Individual Income Tax Return

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



Inco	ome – Please provide evidence	Yes	No	Unsur
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)			
			1	1



Deductions – Please provide evidence	Yes	No	Unsu
D1. Work related car expenses			
 Cents per kilometre method (up to a maximum of 5,000 kms) 			
Log book method			
D2. Work related travel expenses			
Employee domestic travel with a reasonable travel allowance			
• If the claim is more than the reasonable travel allowance rate, do you have receipts for			
your expenses?			
Overseas travel with a reasonable travel allowance			
 Do you have receipts for accommodation expenses? 			
• If travel is for 6 or more nights in a row, do you have travel records (e.g. a travel diary)?			
Employee travel without a reasonable travel allowance			
 Did you incur and have receipts for airfares? 			
 Did you incur and have receipts for accommodation? 			
 Did you incur and have receipts for hire cars (if applicable)? 			
Did you incur and have receipts for airfares?			
 Did you incur and have receipts for meals and incidental expenses? 			
Do you have any other travel expenses?			
Other work-related travel expenses (e.g. a borrowed car, public transport)			
(Please Specify)			
D3. Work-related uniform and other clothing expenses			
Protective Clothing			
Occupation Specific Clothing			
Non-compulsory uniform			
Compulsory uniform			
Conventional clothing			
Laundry expenses (up to \$150 without receipts)			
Dry cleaning expenses			
	-	1	1



Deductions (Continued) – Please provide evidence	e	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 for	oreign 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?			<u> </u>
• Has this notice been acknowledged by the fund?				<u> </u>



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)			



Α.	Other relevant information – Please provide evidence	Yes	No	Unsur
	Are you entitled to the Medicare levy exemption or reduction in the 2017 income year?			
ł	If yes, please specify:			
Β.	Did you and your spouse/dependants have private health insurance in the 2017 income			
	year? (If yes, please provide the annual statement received from your health fund)			
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?			
Н.	Are you a working holiday maker in Australia on a 417 (working holiday) visa or 462			
	working holiday) visa?			
١.	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? (Please specify below)			
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)? (Please specify below)			
К.	Did you receive any benefit from an employee share acquisition scheme?			
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L.	Family Tax Benefit ('FTB'):			
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Other relevant information – Please provide evidence	Yes	No	Unsure
Spouse Details (if applicable)			
 Did you have a spouse for the full year from 1 July 2016 to 30 June 2017? If you had a spouse for only part of the income year, please specify the dates between 1 July 2016 to 30 June 2017 when you had a spouse? From / to / to / 			
What was your spouse's taxable income for the 2017 income year?	\$		
Does your spouse have a share of trust income on which the trustee is assessed under			
Section 98 that has not been included in your spouse's taxable income?			
Did a trust or company distribute income to your spouse in respect of which family trust			
distribution tax was paid by the trust or company for the 2017 income year?			
• Did your spouse have any reportable fringe benefits amounts for the 2017 income year?			
Did your spouse receive any Australian Government pensions or allowances (not including			
exempt pension income) in the 2017 income year?			
Did your spouse receive any exempt pension income in the 2017 income year?			
Did your spouse receive any tax-free government pensions paid under the <i>Military</i>			
Rehabilitation and Compensation Act 2004?			
Does your spouse have any reportable employer superannuation contributions or			
deductible personal superannuation contributions for the 2017 income year?			
Did your spouse receive any 'target foreign income' in the 2017 income year?			
• Did your spouse have a total net investment loss (i.e., the total of any financial investment			
loss and a rental property loss) for the 2017 income year?			
Did your spouse pay child support during the 2017 income year?			
If your spouse is aged between their preservation age and 59 years old, did they receive a			
superannuation lump sum (other than a death benefit) during the 2017 income year that			
included a taxed element that does not exceed their low rate cap?			
Additional notes/concerns:			
Dated://			
Signature of taxpayer:			
Name (Print)			