

# Tax Return Information Form



## 2017 Individual Tax Return

1. Please **complete** / confirm your details below, to the best of your knowledge
2. All information supplied should be **for the period 1 July 2016 to 30 June 2017**, unless stated otherwise
3. **Provide all supporting documents** where prompted and applicable.

## GENERAL TAX INFORMATION

**Section A:** Please completed the below-mentioned details:

Full Name:		Email Address:	
DOB:		TFN:	
Spouse Name:			
Residential Address:			
Postal Address (If different to above):			
Home Ph:	Mobile:	Work Ph:	

**Bank Details** (as of 1 July 2017, if you are expecting a refund, you MUST provide the ATO your EFT Bank Details)

**\*Please note we do don't keep these details on record for security purposes\***

Account Name:	<input type="text"/>	Bank Name:	<input type="text"/>
BSB:	<input type="text"/>	Account No.:	<input type="text"/>

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**PAYG Payment Summaries – (if you do not have copies of these with you/attached)**

*(please provide ALL payment summaries when you reach the end of the form)*

Employer:	Occupation:	Gross:	Tax:
		\$	\$
		\$	\$
		\$	\$

**Bank Interest - (if you do not have copies of these with you/attached)**

Bank:	Amount:	TFN Credits:	Bank Charges:
	\$	\$	\$
	\$	\$	\$

**Work & Other Expenses - Please complete sections you intend to claim:**

Motor Vehicle Type:		Reference Books:	\$
Engine Size (litres):		Stationery:	\$
Work Kilometres:		Mobile Phone:	\$
Taxi Fares:	\$	Internet:	\$
Other Travel:	\$	Memberships:	\$
Uniform/Laundry:	\$	Tools & Equipment:	\$
Sun Protection Items:	\$	Interest expenses:	\$
Self-Education:	\$	Gifts & Donations:	\$
Union Fees:	\$	Income Protection Insurance:	\$
Seminars/Prof Development:	\$	Other Expenses: <i>please attach / provide details</i>	

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## Private Health Insurance

Do you have Private Health Insurance?

*If **yes** - please provide your Private Health Statement*

Did you have any Out of Pocket Medical Expenses relating to disability aids, attendant / aged care?

*If **yes** - please provide receipts and a summary from your aged / attendant care provider*

Do You Have Any of These Items?  
Investment Income, Rental Properties,  
Investments Sold or Motor Vehicles used for  
Work

*If **yes** – please download additional forms from [www.smithshearer.com.au](http://www.smithshearer.com.au)*

*If **no** - please proceed to the end of the form, provide supporting documents, sign and send back to us.*

## Additional Information / Notes

*Please note below any additional information we may need to know to complete your tax returns, that has not been covered in the above questions.*

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## SUPPORTING DOCUMENT CHECKLIST

- Payment Summaries
- Detailed Work Expenses Listing
- Private Health Statement
- Out of Pocket Medical Expense Claims
- Unit Trust Tax Year Summary
- Motor Vehicle Hire Purchase / Lease / Chattel Mortgage Agreement
- Rental Property Purchase Settlement Statement / Costs
- Rental Property Depreciation Schedule (as prepared by Third Party)

## CLIENT SIGNATURE

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Name: