

PERSONAL PARTICULARS

Client Code Year 20

Referred by	Google	Existing Client	Newspaper	Other	Residential Status:
Client Name as per ATO record				Occupation	
DOB >>>>>>>>>	Date:	Month:	Year:	Do You have private medical Cover?	Y/N
Tax File No:				No of PAYG Summary-	
ABN:				Business income \$	
Street No. and name					
City	Postcode			State	
Telephone:	Mobile:		Home:		
Email Address:				Do you have spouse?	Y/N
Spouse Name:				Income	\$
Spouse DOB:	Day:	Month:	Year:		
Spouse TFN:				No of kids and dependants:	
Bank Details for refund	BSB:	Account No:			
Account Name	Bank Name:				
Do you Have Private Insurance? if yes provide details					

I authorise Fair Tax Accountant to act as my Tax Agent /Accountant, as per the attached engagement terms and privacy policies, and I declare that:

- The information provided to my registered tax agent for the preparation of my tax return is true and correct.
- I have been advised by FAIR TAX ACCOUNTANT, of the need to maintain adequate evidence to support my claims and I DECLARE that I hold such evidence in relation to this return and keep all records for minimum 5 years. I spent the money and was not reimbursed. It is directly related to earning my income. I have all relevant record to prove it.
- I have been informed that, in the event my tax return has been selected for review or audit by ATO, my refund and notice of assessment may get delayed.

Name:	Date:	Signature:
		X

WORK RELATED EXPENSES & DEDUCTIONS

D1	Car expenses	Rego No:	Make:	Model:		
		Claim Method:				
		Details:				
D2	Travel expenses	Allowance:	International travel:	Domestic Travel:	Car Hire:	

		\$	\$	\$	\$
		Taxi:	Parking:	Tolls:	Other:
		\$	\$	\$	\$
		Details:			
D3	Uniform & protective clothing expenses	Compulsory Uniform (C)	Non-compulsory uniform (N)	Protective clothing (P)	Occupation specific (S)
		\$	\$	\$	\$
D4	Self-education expenses (1 st \$250 not deductible)	Name of Course			
		Course/Tuition Fees	Textbooks	Travel	Other

D5/J	Home office expenses	Claim Method:			
		Hours P/W:	Hours Annual:	Rate:	Total
				\$	\$
		Details:			
D5/C	Telephone & internet expenses	Bill Amount	Business Use %	Total claimed	
		\$		\$	
		Details:			

Donations: \$ Paid to:

Tax return Filing Charges/Accountant Fees: \$

D5	Other Expenses/Professional development etc.	Expense	Details	Amount	Evidence
		Registrations			
		Seminars & Courses			
		Subscriptions			
		Stationary			
		Tools & Equipment			
		Equipment			
		Union Fees			
		Overtime meals			
		Any Other			