

# Client Information

Please email your tax return information to: [admin@taxhut.com.au](mailto:admin@taxhut.com.au)

## DETAILS

Are you an Australian resident for income tax purposes? Yes No

Tax File Number (new clients only): Australian Business Number:

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

My preferred method of contact is: Email / Telephone

## Payment Instructions (circle one)

Please charge your fee to my credit card, my credit card details are listed below. Yes No

Please deduct your fee from my refund. I have read the client engagement letter and am aware that an additional fee of \$55.00 applies. Yes No

I will attend your office and pay in person. Yes No

I will pay by electronic funds transfer to your account.  
(Refer to our invoice for bank account details) Yes No

## Credit Card Details

Name On Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Signature: \_\_\_\_\_

Credit Card Expiry: \_\_\_\_\_ Credit Card CSV (last 3 digits): \_\_\_\_\_

## Upon Completion Of My Tax Return (circle one)

Please send via Client portal for digital approval (please provide a personal email address for setup). This option requires no printing or scanning. Yes No  
Email address: \_\_\_\_\_

Please email to me for signing. (refer to email address above) Yes No

Please mail to me via Australia Post for signing: (refer to postal address above) Yes No

I will attend your office to sign. Yes No

## Bank Details

Please deposit my refund into the bank account listed below:

Account Name: \_\_\_\_\_

Bank Account BSB: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Please Turn Over

## Income

### Occupation:

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**I am a (please circle):**                      Employee                      Self Employed                      Retired / Not Working

### Employment Income:

If you are an employee, we can access your Income Statement if the employer has provided these details to the ATO.

Where possible please try and access your Income Statements and make available when we are preparing your income tax return.

If you are self employed, please provide details of income and expenses.

### Did you receive income from any of the following, if so please provide details:

Australian govt allowances and payments?  
eg Jobseeker, Youth Allowance, Austudy.                      **Yes**                      **No**

Did you receive a Pandemic Leave Disaster Payment?  
If yes, please advise the total payments received?                      \$ \_\_\_\_\_                      **Yes**                      **No**

Australian govt pensions or allowances?  
eg Age pension, Single parent payment.                      **Yes**                      **No**

Australian annuity and superannuation income streams?                      **Yes**                      **No**

Superannuation lump sum payments?                      **Yes**                      **No**

Interest?  
eg bank account interest.                      **Yes**                      **No**

Dividends?                      **Yes**                      **No**

Shares in the employer company?  
eg employee share scheme.                      **Yes**                      **No**

Distributions from partnerships or trusts, managed funds?                      **Yes**                      **No**

Income from carrying on a business?                      **Yes**                      **No**

Did you make a capital gain or loss on the sale of a capital asset?  
eg Cryptocurrency, shares or property.                      **Yes**                      **No**

Foreign Income?  
eg overseas pension, interest, rental income, dividends.                      **Yes**                      **No**

Rental property income and expenses?  
Please provide realestate agent summary, interest on loan,  
council rates, water rates, insurance, strata levies, repairs etc.                      **Yes**                      **No**

Workers Compensation and/or Insurance payments for loss of income?  
eg Income Protection                      **Yes**                      **No**

**Please Turn Over**

**Deductions**

**Travel**

Do you use your own vehicle for employment related purposes? Yes      No  
 Travel to various sites as a result of your employment.  
 Travel between different sites of the employer.  
 Travel to visit clients / patients / consultants.  
 Attend meetings / courses at different sites  
 Incurred costs for airfares, taxis or accommodation to attend work related meetings / seminars.

Provide reason for Travel:

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Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

**If yes, please choose one of the two options:**

1) Do you wish to claim using the cents per km basis? Number of km's? \_\_\_\_\_  
 If so please advise the approximate distance travelled (Annual).

or

2) Have you maintained a log book for 12 weeks and wish to claim using the log book method?

If so please provide totals for the following:

Fuel	\$ _____	Registration	\$ _____	Insurance	\$ _____
Repairs	\$ _____	Interest on loan	\$ _____	Other	\$ _____

Log book percentage as per log book.      Percentage? \_\_\_\_\_

**Uniforms**

Do you wear a uniform or hi viz clothing at work that you wash yourself? Yes      No  
 Have you purchased steel cap boots, hi viz clothing or registered uniforms? Yes      No  
 If yes, please provide the costs of each and ensure that you have a receipt to support the deduction claimed.

\$ _____	\$ _____
\$ _____	\$ _____

**Self Education**

Have you incurred expenses for work related study? Yes      No  
 eg apprentices, post graduate study directly related to your employment

If yes, please provide:

Name of the course: \_\_\_\_\_

How does the course relates to your employment: \_\_\_\_\_

Costs incurred eg course fees, travel to attend course, stationery etc

\$ _____	\$ _____
\$ _____	\$ _____

**Other Work Related Expenses:**

Have you incurred any of the following work related expenses: Yes      No  
 eg union fees, memberships, subscriptions, tools of trade, stationery, internet,  
 courses / training, computer expenses, working with children, other, please list:

\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

**Please Turn Over**

**Home Office**

Have you worked from home? Yes      No  
If yes, how many hours per week did you work from home and for how many weeks?  
01/07/22 - 30/06/23 \_\_\_\_\_ weeks x \_\_\_\_\_ hours/week = \_\_\_\_\_ hours

**Mobile Phone**

Have you used your personal mobile phone for work related calls? Yes      No  
If yes:  
Monthly Plan / Prepaid Per Month: \$ \_\_\_\_\_  
Months Used For Work Purposes \_\_\_\_\_ Months  
Estimated Work Usage (as a percentage): \_\_\_\_\_ %

**Donations**

Have you made donations to registered charitable organisations? Yes      No  
If yes, please provide details of who the donations were made to and the amount.  
\_\_\_\_\_ \$ \_\_\_\_\_ \$  
\_\_\_\_\_ \$ \_\_\_\_\_ \$  
\_\_\_\_\_ \$ \_\_\_\_\_ \$

**Superannuation**

Have you made concessional contributions to your superannuation fund. Yes      No  
If you are intending on claiming a tax deduction for contributions made, you will need to obtain a "Notice Of Intention To Claim" from your superannuation provider.

**Other Deductions:**

Did you pay for income protection insurance during the year? Yes      No  
If yes,  
Name of insurer: \_\_\_\_\_  
Amount Paid: \$ \_\_\_\_\_

Other Expenses that you would like to discuss:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tax Agent Fees**

Did you engage the services of a tax agent to prepare your last years tax return? Yes      No  
If yes, please advise the name of the tax agent and amount paid  
Tax Agent Name: \_\_\_\_\_ Amount \$ \_\_\_\_\_

**The deductions listed in this form are not exhaustive but designed to initiate discussion on what is and is not tax deductible.**

**Please Turn Over**

**Spouse Details**

Spouse Name: \_\_\_\_\_

Spouse Date Of Birth: \_\_\_\_\_

Were You Together For Full Year: **Yes** **No**

If not together for the full year please provide the period that you were together:  
\_\_\_\_\_

Spouse Taxable Income: \$ \_\_\_\_\_

Number Of Dependant Children (living with you): \_\_\_\_\_ children

**Private Health Insurance**

Do you have private health insurance? **Yes** **No**

If you have private health insurance we need a copy of the private health insurance annual tax statement.  
We can access this if your insurer has uploaded the statement to the ATO.

**Your tax return may not be accurate if we prepare your tax return without the annual tax statement.**

**Child Support**

Did you pay child support during the year? **Yes** **No**

If yes, how much child support did you pay this financial year? \$ \_\_\_\_\_

Number of children that you pay child support for: \_\_\_\_\_ children

**Other Notes / Queries:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please email to:** [admin@taxhut.com.au](mailto:admin@taxhut.com.au)

**Please mail to:** Rockingham Tax Hut  
PO Box 392  
Rockingham WA 6968

**Please deliver to:** 1/11 Robinson Road, Rockingham WA 6168  
2/527 Canning Hwy, Melville WA 6156 (By prior arrangement)  
5/1200 Hay Street, West Perth WA 6005 (By prior arrangement)