

Client Information

Please email your tax return information to: 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:

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:

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:

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

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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?
01/07/23 - 30/06/24 _____ 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

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)