

Name: _____ D.O.B: __ / __ / ____
 Email: _____ (only if you use it often)

how would you like to pay? Please ✓

➡ **Out of refund (extra \$11)** (be aware, refund can only be a cheque out of our Trust account to you)

➡ **Invoice** If you would like your refund direct debit into your acc. please provide your bank details:

Account Name: _____ BSB Number: _____

Account Number: _____

would you like your records returned or us to keep? Please ✓

➡ **Returned** ➡ **Us to keep**

do you have anything specific that you would like to talk to me about?

Please detail: _____

do you have a hecs/help debt? Y N

Spouse Details: (not needed if we prepare their return)

➡ **Name:** _____ ➡ **D.O.B:** __ / __ / ____ ➡ **Taxable Income:** _____

what are the ages of your children, if any? _____

do you receive Family Tax Benefit? Y N If yes, please tick one of the following:

➡ **Fortnightly** ➡ **end of year lump sum to be claimed**

do you wish to claim the Education Tax Offset? Y N If yes, please check eligibility at www.seachangetaxgroup.com.au

Please provide the following information if applicable:

• PAYG (group) certificates	• All business income & expenditure
• Centrelink Statements (Family Tax Benefits not needed)	• All investment property income & expenditure
• Information from Private Health Fund	• Net capital gains
• Medicare number if claiming medical offset	• Work related car and/or travel expenses
• Interest/Dividends earned	• Home office expenses related to work
• Receipts for Education Tax Offset	• Gifts or Donations
• Work related courses/self education	• Income from partnerships, trusts & managed funds
• Work related telephone & mobile	• Work related subscriptions & union fees
• Tools & Equipment	• Eligible termination payments
• Do you wear a work uniform? (logos, specific etc)	• Cost of preparation of prior year's tax return

Only fill in the following if any of your details have **changed or you are a **new client****

Address:	_____		
Phone No:	Hm:	Mob:	
Tax File Number:	_____		
Marital Status: Please ✓	Single <input type="checkbox"/>	Married <input type="checkbox"/>	De facto <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>
Occupation:	_____		