



Other Industries Tax Return Form

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Client status: **New** or **Existing** _____ Please fill all sections that apply to you or **otherwise leave blank**

Number of PAYG summaries (group certificates) including Centrelink : ___ **(Please attach all)**

Title: _____ First Name: _____ Middle Name: _____ Surname: _____

Date of Birth: _____ Address: _____ Suburb: _____ Postcode: _____

Mobile: _____ Alternate Contact: _____ Email Address: _____

Are you married or de facto (lived with your spouse for more than 6 months)? If yes, you must supply the ATO with details on your spouse as below

Spouses Name: _____ Date of Birth: _____ Spouses Taxable Income: _____

Are they a P.H.A.T. Returns Client? _____ Do you have any dependents? If yes, how many? _____ Do you pay child support? If yes, how much? _____

Job Type: _____ Company: _____ Tax File Number: _____

Bank Account Details BSB: _____ Account number: _____ Name on account: _____

How much interest did you earn on bank accounts? _____ Did you receive any dividends? ___ If yes, please attach

Do you have a managed fund? _____ If yes, please attach parts A, B and C from your fund statement or tax return information

Did you trade shares? _____ If yes, attach all information regarding buying and selling of shares. Did you have a capital gain/loss? _____ If yes, attach details

Do you have private health insurance? _____ If yes, please attach statement from your fund

Do you have a Higher Education Learning Programme (HELP) aka (HECS) or Student Financial Supplement Scheme (SFSS) debt? If yes, how much?

HELP _____ SFSS _____ Do you have Debts to Centrelink/Family Assistance/ATO? _____

Investment Property Information

Purchase date: _____ Purchase Price (less stamp duty): _____ Date first earned rental income: _____

Address: _____ Suburb: _____ Postcode: _____ Year of Construction: _____

Gross Rental Income: _____ Weeks rented: _____ Is this a shared rental? If so with whom: _____ Percentage split? _____

Annual Expenses

Advertising: _____ Body Corporate: _____ Borrowing Fees: _____ Cleaning: _____ Council Rates: _____

Gardening: _____ Insurance: _____ Loan Interest: _____ Land Tax: _____ Legal Fees: _____

Property Agent Fees: _____ Repairs, maintenance: _____ Stationery/phone/postage: _____ Vehicle Expenses: _____

Travel Expenses: _____ Water Charges: _____ Other Rental Expenses: _____

Please attach your depreciation schedule or does P.H.A.T. Returns have already? _____

If you don't have one, we recommend you call ADTS on 1300 557 342 or DEPPRO 1300 888 489 at least a month prior to your booking

ABN Information

ABN: _____ Trading name: _____ Business type: _____ Address: _____

ABN Total Revenue: _____ ABN Total Expenses (please attach profit and loss statement or list of expenses): _____

Please fax or email this form, PAYG Summaries (Group Certificates), and attach receipts for any items over \$300 and if your total claims are over \$1000.

A MINIMUM OF 24 HOURS PRIOR TO YOUR BOOKING