|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Client Name |  | **Year** |  | **Date** |  |

|  |
| --- |
| **Have your contact details changed in the past year? If yes, please provide**  |
|  |
|  |

| INCOME TAX RETURN DETAILS |
| --- |
| Occupation Description: |  | Do You Have Health Insurance? |  |
| Bank Interest | Account1: | Amount: | Account2: | Amount: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **WORK RELATED EXPENSES AND OTHER DEDUCTIONS** | **YES** | **NO** | **DETAILS** | Office Use |
| ***Please keep receipts to substantiate claim in event of an audit*** | Viewed |
| Travel Expenses: (Taxi, Accommodation, Tolls) |  |  | $ |  |
| Uniform & Laundry Expenses: |  |  | $ |  |
| Sun Protection Items: |  |  | $ |  |
| Union Fees: |  |  | $ |  |
| Stationery Expenses: |  |  | $ |  |
| Donations: |  |  | $ |  |
| Income Protection Insurance: |  |  | $ |  |
| Do you use your vehicle for work?  |  |  | Km per year |  |
| Do you have a log book? |  |  | If yes, please provide |  |
| Do you work from home? |  |  | Hours per week |  |
| Do you have a diary to substantiate this? |  |  | If yes, please provide |  |
| Work related use of mobile phone? (total $ | % of total deductible) |  |  | $ | % |  |
| Work related use of internet? (total $ | % of total deductible) |  |  | $ | % |  |
| ***Please attach receipts for the following (if applicable)*** |
| Self Education: |  |  |  |  |
| Seminars / Professional Development: |  |  |  |  |
| Memberships: |  |  |  |  |
| Tools & Equipment: |  |  |  |  |
| ***Please advise if you have any of these items as additional information is required. Eg. Statements, schedules, notices***  |
| Investment Income 🞏 | Investments Sold 🞏 | Rental Properties 🞏 | Business Income 🞏 |