

Tax Return for year ending 30th June 20_____ (Please specify)

PERSONAL DETAILS

Title	Mr / Mrs / Miss / Ms					
First Name		Middle Name		Surname		
DOB		TFN	_____			
Street Address		Suburb		State		Postcode
Phone Number						
Email						
Occupation						

BANKING DETAILS

BSB	
Account Number	
Account Name	

OTHER / EDUCATION LOANS

New or existing client?	New	Existing
Do you have any education loans? HECS / HELP / SSL / TSL / SFSS	Yes	No

PRIVATE HEALTH

Fund Name	
Fund Membership Number	

Please include your EOY annual Private Health Insurance statement

SPOUSE DETAILS

Did you have a spouse for the whole financial year?	Yes	No
If part of the year please supply the dates	Start Date:	End Date:
Spouse full name		
Spouse DOB		
Spouse Taxable income for the financial year		

DEPENDANT CHILDREN

Number of dependent children under 18 years of age	
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Please include children supported through Child Support that do not live with you