

CLIENT INFORMATION SHEET

Year ending

30 June 2015

This form must be filled in, signed and returned to the following address, with all tax papers ready to complete your tax return:

TAXATION SERVICES AUSTRALIA

25 Bluebird Street

Wellard WA 6170

M-0430 558 093

EMAIL: admin@tsaaccounting.com.au

TAX FILE NUMBER _____ ABN _____

FULL NAME _____

CURRENT STREET and _____
POSTAL ADDRESS _____

DAYTIME PHONE NUMBER _____ HOME PHONE NUMBER _____

MOBILE NUMBER _____ FAX NUMBER _____

EMAIL ADDRESS (please write clearly) _____

YOUR OCCUPATION _____ DATE OF BIRTH _____

YOUR MARITAL STATUS: **M** – Married/De Facto **S** – Single **F** – Single with dependant(s)

(Please circle one)

SPOUSE/DE FACTO NAME _____

TAX FILE NUMBER _____ DATE OF BIRTH _____

1. If TAXATION SERVICES AUSTRALIA is not preparing a Tax Return for your Spouse we require a detailed copy of their 2015 Tax Return if you wish to claim any offsets (rebates).

2. Has your Spouse paid any **Child Support** in 2014/15? **YES / NO**

CHILDREN maintained by (and living with) you and under 24

Name of child	Date of birth	Primary/Secondary	Taxable income (if any)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach details on separate sheet of any dependants not living with you.

Have you paid any Child Support in 2012/13? **YES / NO**

DETAILS OF BANK ACCOUNT INTO WHICH YOUR REFUND WILL BE DEPOSITED (Note this information must be accurate or your refund may be delayed)

BSB No - Account No

Account holder(s) name _____

TAX QUESTIONNAIRE

CLIENT NAME _____

2015

Please **complete the following questions**, and supply any further information you believe may help in preparing your tax return. Please circle YES or NO for all the following questions, **and attach details on a separate sheet of paper**

Mr Mrs/Ms

1	Salary (attach Payment Summary) or Employment Termination Payment	YES/NO	YES/NO	No. Mr ___ Mrs ___
2	Other work related income (eg tips, fees, bonuses) not on Payment Summary	YES/NO	YES/NO	Attach details
3	Interest credited to bank account or credit union	YES/NO	YES/NO	Attach details
4	Capital gain or loss from sale of shares, investment property etc.	YES/NO	YES/NO	Attach details
5	Rental income from investment property	YES/NO	YES/NO	Complete schedule*
6	Dividends on shares (including dividends reinvested)	YES/NO	YES/NO	Attach details
7	Foreign income (including Exempt Foreign Earnings) or Foreign Losses	YES/NO	YES/NO	Attach details
8	Centrelink payments - Job Search/Austudy/NEIS/Pensions/Youth Allowance	YES/NO	YES/NO	Attach details
9	Do you operate any business of your own? (include Managed Investment)	YES/NO	YES/NO	Attach details
10	If in business, have you acquired any new business assets?	YES/NO	YES/NO	Attach details
11	Income from any partnership, trust (include any family trust distributions) or Managed Funds	YES/NO	YES/NO	Attach details
12	Are you a Resident of Australia for tax purposes?	YES/NO	YES/NO	Attach details
13	HELP (formerly HECS) debt?	YES/NO	YES/NO	Attach details
14	Zone offset - days in zone A / B / Special ___ Name of town _____	YES/NO	YES/NO	Attach details
16	Spouse (no children) rebate claim - will require spouse's Tax Return.	YES/NO	YES/NO	Attach details
17	If claiming spouse rebate, is your Spouse born after 30/06/1952?	YES/NO	YES/NO	Attach details
18	Private health insurance – enclose your health fund Rebate Statement	YES/NO	YES/NO	Attach statement
19	Personal superannuation contributions for self? [Provide: Fund name, Fund ABN, Policy number, Amount contributed.]	\$ _____	\$ _____	Attach details
20	Personal superannuation contributions for spouse? [Provide: Fund name, Fund ABN, Policy number, Amount contributed.]	\$ _____	\$ _____	Attach details
21	Employee shares/options?	YES/NO	YES/NO	Attach details

Deductions for any of the following:

Please attach details or summary

(Must have receipts if \$300 or more in total)

Mr \$

Mrs/Ms \$

Mr \$

Mrs/Ms \$

• travel expenses			• donations (excl. raffle tickets)		
• uniform or protective clothing			• tax agent and legal fees		
• launder uniform to \$150, no receipts			• income protection insurance		
• work related books			• computer – work related		
• self-education (course fees/travel)			• interest on investment loan		
• tools of trade (list all items)			• sun protection		
• subscriptions/memberships/union			• education expenses for children		
• telephone – work related			• seminar/conferences		
• home office – 34c/hr (diary req'd)	No.hrs pa	No.hrs pa	• other		

Use of car for work or study (excluding home to work):

Cents per km. - No. of kms _____ (up to 5000km) Engine size of car _____ Litres

Logbook- % per logbook _____ Total running costs \$ _____ (attach list) Cost of Car \$ _____

Date Purchased: _____

12% of cost - Cost of car \$ _____ No. of kms _____ (more than 5000km pa)

OTHER INFORMATION REQUIRED

1. Copy of last year's tax return (ONLY if you are a new client)
2. List of all investments sold, including for each investment: quantity, date of purchase and total cost.
3. RENTAL PROPERTY CHECKLIST on separate schedule

I have shown all sources of income and deductions that apply to my 2015 tax return above.

Signature _____

Date: _____