

Tax Return Information Form

2017 Individual Tax Return

TO: **FAX:** (03) 9887 9351
E-MAIL: info@therossgroup.com.au

CLIENT NAME:		CLIENT SIGNATURE:	
INFORMATION FOR 2017 TAX RETURN (1 July 2016 to 30 June 2017)			
Name:		Spouse Name:	
DOB:		Spouse DOB:	
Residential Address:		Postal Address: (If different to residential address)	
TFN:		Email:	
Phone:	W	H	M
BANK DETAILS (The ATO no longer issue refund cheques. Payment will be by EFT):			
Account Name:		Bank Name:	
BSB:		Account No.:	
CHILDREN:			
Name:		Name:	
DOB:		DOB:	
Name:		Name:	
DOB:		DOB:	
Name:		Name:	
DOB:		DOB:	
PAYG PAYMENT SUMMARIES (Please Attach, Fax or Email All Slips):			
Employer:	Occupation:	Gross:	Tax:
		\$	\$
		\$	\$
		\$	\$
		\$	\$

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BANK INTEREST:			
Bank:	Amount:	TFN Credits:	Bank Charges:
	\$		
	\$		
	\$		
	\$		
	\$		
WORK & OTHER EXPENSES (Please Attach, Fax or Email Detailed Listing)			
Motor Vehicle Type:		Reference Books:	\$
Work Kilometres:		Mobile Phone:	\$
Taxi Fares:	\$	Internet:	\$
Other Travel:	\$	Memberships:	\$
Uniform/Laundry:	\$	Tools & Equipment:	\$
Sun Protection Items:	\$	Interest expenses:	\$
Self-Education:	\$	Gifts & Donations:	\$
Union Fees:	\$	Income Protection Insurance:	\$
Seminars/Prof Development:	\$	Other Expenses:	Please Attach Details
PRIVATE HEALTH INSURANCE:			
Do you have Private Health Insurance?	<input type="checkbox"/> Yes – Please provide Private Health Statement		
	<input type="checkbox"/> No		
DO YOU HAVE ANY OF THESE ITEMS? (If so, please complete additional forms from www.therossgroup.com.au)		<input type="checkbox"/> Investment Income <input type="checkbox"/> Rental Properties <input type="checkbox"/> Investments Sold <input type="checkbox"/> Motor Vehicles used for Work	