

## Client Details Form

### 2017 Individual Income Tax Return

|                                                                                        |                                                       |               |               |
|----------------------------------------------------------------------------------------|-------------------------------------------------------|---------------|---------------|
| <b>Full Name</b>                                                                       | .....                                                 |               |               |
| <b>Tax File Number</b>                                                                 | _ _ _ _ _                                             |               |               |
| <b>Date of birth</b>                                                                   | _ _ / _ _ / _ _                                       |               |               |
| <b>ABN (if applicable)</b>                                                             |                                                       |               |               |
| <b>Address</b>                                                                         |                                                       |               |               |
| <b>Address (postal)</b><br><small>(Put 'as above' if the same)</small>                 |                                                       |               |               |
| <b>Telephone contacts</b>                                                              | <b>Mobile:</b>                                        |               |               |
|                                                                                        | <b>Business Hours (work) :</b>                        |               |               |
|                                                                                        | <b>After Hours (home):</b>                            |               |               |
| <b>Email</b>                                                                           | .....@.....                                           |               |               |
| <b>Electronic banking</b><br><small>(for refund if applicable)</small>                 | <b>BSB:</b>                                           | _ _ _ - _ _ _ |               |
|                                                                                        | <b>Account Number:</b>                                | .....         |               |
| <b>Occupation</b>                                                                      | .....                                                 |               |               |
|                                                                                        | .....                                                 |               |               |
|                                                                                        | <b>Do you run your own business as a sole trader?</b> | <b>YES/NO</b> |               |
| <b>Do you run your own business in a company, trust or partnership?</b>                |                                                       |               | <b>YES/NO</b> |
| <b>Spouse's full name</b><br><small>(Please include married/de facto/same-sex)</small> |                                                       |               |               |
| <b>Spouse's date of birth</b>                                                          |                                                       |               |               |
| <b>Spouse's TFN</b>                                                                    |                                                       |               |               |
| <b>Approximate Income (if known)</b>                                                   |                                                       |               |               |

| Income – Please provide evidence                                                                                                                      | Yes | No | Unsure |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| 1. Salary or wages                                                                                                                                    |     |    |        |
| 2. Allowances, earnings, tips, director’s fees etc.                                                                                                   |     |    |        |
| 3. Employer lump sum payments                                                                                                                         |     |    |        |
| 4. Employment termination payments                                                                                                                    |     |    |        |
| 5. Australian Government allowances and payments like Newstart, Youth Allowance and Austudy payments                                                  |     |    |        |
| 6. Australian Government pensions and allowances                                                                                                      |     |    |        |
| 7. Australian annuities and superannuation income streams                                                                                             |     |    |        |
| 8. Australian superannuation lump sum payments                                                                                                        |     |    |        |
| 9. Attributed personal services income                                                                                                                |     |    |        |
| 10. Gross Interest                                                                                                                                    |     |    |        |
| 11. Dividends                                                                                                                                         |     |    |        |
| 12. Employee share schemes                                                                                                                            |     |    |        |
| 13. Distributions from partnerships and/or trusts                                                                                                     |     |    |        |
| 14. Personal services income (PSI)                                                                                                                    |     |    |        |
| 15. Net income or loss from business (as a sole trader)                                                                                               |     |    |        |
| 16. Deferred non-commercial business losses                                                                                                           |     |    |        |
| 17. Net farm management deposits or repayments                                                                                                        |     |    |        |
| 18. Capital gains                                                                                                                                     |     |    |        |
| 19. Foreign entities:<br>– Direct or indirect interests in a controlled foreign company<br>– Transfer of property or services to a non-resident trust |     |    |        |
| 20. Foreign source income (including foreign pensions) and foreign assets or property                                                                 |     |    |        |
| 21. Rent                                                                                                                                              |     |    |        |
| 22. Bonuses from life insurance companies or friendly societies                                                                                       |     |    |        |
| 23. Forestry managed investment scheme income                                                                                                         |     |    |        |
| 24. Other income (please specify below)                                                                                                               |     |    |        |
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| Deductions – Please provide evidence                                                                      | Yes | No | Unsure |
|-----------------------------------------------------------------------------------------------------------|-----|----|--------|
| D1. Work related car expenses                                                                             |     |    |        |
| • Cents per kilometre method (up to a maximum of 5,000 kms)                                               |     |    |        |
| • Log book method                                                                                         |     |    |        |
| D2. Work related travel expenses                                                                          |     |    |        |
| <b>Employee domestic travel with a reasonable travel allowance</b>                                        |     |    |        |
| • If the claim is more than the reasonable travel allowance rate, do you have receipts for your expenses? |     |    |        |
| <b>Overseas travel with a reasonable travel allowance</b>                                                 |     |    |        |
| • Do you have receipts for accommodation expenses?                                                        |     |    |        |
| • If travel is for 6 or more nights in a row, do you have travel records (e.g. a travel diary)?           |     |    |        |
| <b>Employee travel without a reasonable travel allowance</b>                                              |     |    |        |
| • Did you incur and have receipts for airfares?                                                           |     |    |        |
| • Did you incur and have receipts for accommodation?                                                      |     |    |        |
| • Did you incur and have receipts for hire cars (if applicable)?                                          |     |    |        |
| • Did you incur and have receipts for airfares?                                                           |     |    |        |
| • Did you incur and have receipts for meals and incidental expenses?                                      |     |    |        |
| • Do you have any other travel expenses?                                                                  |     |    |        |
| Other work-related travel expenses (e.g. a borrowed car, public transport)                                |     |    |        |
| <i>(Please Specify)</i>                                                                                   |     |    |        |
|                                                                                                           |     |    |        |
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| D3. Work-related uniform and other clothing expenses                                                      |     |    |        |
| • Protective Clothing                                                                                     |     |    |        |
| • Occupation Specific Clothing                                                                            |     |    |        |
| • Non-compulsory uniform                                                                                  |     |    |        |
| • Compulsory uniform                                                                                      |     |    |        |
| • Conventional clothing                                                                                   |     |    |        |
| • Laundry expenses (up to \$150 without receipts)                                                         |     |    |        |
| • Dry cleaning expenses                                                                                   |     |    |        |
| • Other claims such as mending/repairs, etc. (please specify)                                             |     |    |        |
|                                                                                                           |     |    |        |
|                                                                                                           |     |    |        |

| Deductions (Continued) – Please provide evidence                                    | Yes                   | No | Unsure |
|-------------------------------------------------------------------------------------|-----------------------|----|--------|
| D4. Work related self-education expenses                                            |                       |    |        |
| <b>Course taken at educational institution:</b>                                     |                       |    |        |
| • Union fees                                                                        |                       |    |        |
| • Course fees                                                                       |                       |    |        |
| • Books, stationery                                                                 |                       |    |        |
| • Travel                                                                            |                       |    |        |
| • Other (Please specify)                                                            |                       |    |        |
| D5. Other Work-related expenses                                                     |                       |    |        |
| • Home Office Expenses                                                              |                       |    |        |
| • Computer and software                                                             |                       |    |        |
| • Telephone/mobile phone                                                            |                       |    |        |
| • Tools and equipment                                                               |                       |    |        |
| • Subscriptions and union fees                                                      |                       |    |        |
| • Journals or periodicals                                                           |                       |    |        |
| • Depreciation                                                                      |                       |    |        |
| • Sun protection products (i.e. sunscreen and sunglasses)                           |                       |    |        |
| • Seminars and courses not at an educational institution                            |                       |    |        |
| • Any other work-related deductions (please specify)                                |                       |    |        |
| Other Types of Deductions                                                           |                       |    |        |
| D6. Low value pool deduction                                                        |                       |    |        |
| D7. Interest deductions                                                             |                       |    |        |
| D8. Dividend deductions                                                             |                       |    |        |
| D9. Gifts or donations                                                              |                       |    |        |
| D10 Cost of managing tax affairs                                                    |                       |    |        |
| D11. Deductible amount of undeducted purchase price of a foreign pension or annuity |                       |    |        |
| D12. Personal superannuation contributions                                          |                       |    |        |
| Full name of fund _____                                                             | Account Number: _____ |    |        |
| Fund ABN: _____                                                                     | Fund TFN: _____       |    |        |
| • Do you pass the 10% test?                                                         |                       |    |        |
| • Have you provided the fund a notice of intention to deduct the contribution?      |                       |    |        |
| • Has this notice been acknowledged by the fund?                                    |                       |    |        |

| Deductions (Continued) – Please provide evidence  | Yes | No | Unsure |
|---------------------------------------------------|-----|----|--------|
| Other types of deductions (continued)             |     |    |        |
| D13. Deduction for project pool                   |     |    |        |
| D14. Forestry managed investment scheme deduction |     |    |        |
| D15. Other deductions (please specify)            |     |    |        |
|                                                   |     |    |        |
|                                                   |     |    |        |
| L1. Tax losses of earlier income years            |     |    |        |
|                                                   |     |    |        |

| Tax offsets/rebates – Please provide evidence                                                                                                     | Yes | No | Unsure |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| T1. Are you a senior Australian or pensioner?                                                                                                     |     |    |        |
| T2. Did you receive an Australian superannuation income stream?                                                                                   |     |    |        |
| T3. Did you make superannuation contributions on behalf of your spouse?                                                                           |     |    |        |
| T4 Did you live in a remote area of Australia or serve overseas with the Australian Defence Force or the UN armed forces in the 2017 income year? |     |    |        |
| T5. Did you have net medical expenses for disability aids, attendant care or aged care in the 2017 income year?                                   |     |    |        |
| T6. Did you maintain a dependant who is unable to work due to invalidity or carer obligations in the 2017 income year?                            |     |    |        |
| T7. Are you entitled to claim the landcare and water facility tax offset?                                                                         |     |    |        |
| T8. Are you involved in an early stage venture capital limited partnership?                                                                       |     |    |        |
| T9. Are you an early stage investor in an early stage innovation company?                                                                         |     |    |        |
| T10. Are you entitled to any other non-refundable tax offsets? (Please specify below)                                                             |     |    |        |
| T11. Are you entitled to any other refundable tax offsets? (Please specify below)                                                                 |     |    |        |
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| Other relevant information – Please provide evidence                                                                                                                                                                                                     | Yes | No | Unsure |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| A. Are you entitled to the Medicare levy exemption or reduction in the 2017 income year?<br>If yes, please specify: _____                                                                                                                                |     |    |        |
| B. Did you and your spouse/dependants have private health insurance in the 2017 income year? <i>(If yes, please provide the annual statement received from your health fund)</i>                                                                         |     |    |        |
| C. Were you under 18 years old on 30 June 2017?                                                                                                                                                                                                          |     |    |        |
| D. Did you become an Australian tax resident at any time during the income year?                                                                                                                                                                         |     |    |        |
| E. Did you cease to be an Australian tax resident at any time during the income year?                                                                                                                                                                    |     |    |        |
| F. Did you make a non-deductible (non-concessional) personal super contribution?                                                                                                                                                                         |     |    |        |
| G. Do you have a HELP liability, Student Financial Supplement Loan debt, Student Start-Up Load debt or Trade Support Loan debt?                                                                                                                          |     |    |        |
| H. Are you a working holiday maker in Australia on a 417 (working holiday) visa or 462 (working holiday) visa?                                                                                                                                           |     |    |        |
| I. Did a trust or company distribute income to you in respect of which Family Trust Distribution Tax (FTDT) was paid by the trust or company? <i>(Please specify below)</i>                                                                              |     |    |        |
| J. Do you have a loan with a private company at 30 June 2017 or has such a loan amount been forgiven in the 2017 income year? Has a private company made a payment to you in the 2017 income year (other than a dividend)? <i>(Please specify below)</i> |     |    |        |
|                                                                                                                                                                                                                                                          |     |    |        |
|                                                                                                                                                                                                                                                          |     |    |        |
|                                                                                                                                                                                                                                                          |     |    |        |
| K. Did you receive any benefit from an employee share acquisition scheme?                                                                                                                                                                                |     |    |        |
| L. Family Tax Benefit ('FTB'):                                                                                                                                                                                                                           |     |    |        |
| • Did you have care of a dependent child in the 2017 income year?                                                                                                                                                                                        |     |    |        |
| • Did you or your spouse receive FTB through the Department of Human Services in the 2017 income year?                                                                                                                                                   |     |    |        |
| <b>Income Tests information</b>                                                                                                                                                                                                                          |     |    |        |
| • Do you have any reportable fringe benefits amounts in the 2017 income year?                                                                                                                                                                            |     |    |        |
| • Do you have any reportable employer superannuation contributions in the 2017 income year?                                                                                                                                                              |     |    |        |
| • Did you receive any tax-free government pensions in the 2017 income year?                                                                                                                                                                              |     |    |        |
| • Did you receive any target foreign income in the 2017 income year?                                                                                                                                                                                     |     |    |        |
| • Did you have a net financial investment loss in the 2017 income year?                                                                                                                                                                                  |     |    |        |
| • Did you have a net rental property loss in the 2017 income year?                                                                                                                                                                                       |     |    |        |
| • Did you pay child support in the 2017 income year?                                                                                                                                                                                                     |     |    |        |
| • Number of dependent children?                                                                                                                                                                                                                          |     |    |        |

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**ABN:** 99 073 915 572

| Other relevant information – Please provide evidence                                                                                                                                                                                                                                                                      |  | Yes                | No | Unsure |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|----|--------|
| Spouse Details (if applicable)                                                                                                                                                                                                                                                                                            |  |                    |    |        |
| <ul style="list-style-type: none"> <li>Did you have a spouse for the full year from 1 July 2016 to 30 June 2017? If you had a spouse for only part of the income year, please specify the dates between 1 July 2016 to 30 June 2017 when you had a spouse?<br/>From ____ / ____ / _____ to ____ / ____ / _____</li> </ul> |  |                    |    |        |
| <ul style="list-style-type: none"> <li>What was your spouse’s taxable income for the 2017 income year?</li> </ul>                                                                                                                                                                                                         |  | \$ .....           |    |        |
| <ul style="list-style-type: none"> <li>Does your spouse have a share of trust income on which the trustee is assessed under Section 98 that has not been included in your spouse’s taxable income?</li> </ul>                                                                                                             |  |                    |    |        |
| <ul style="list-style-type: none"> <li>Did a trust or company distribute income to your spouse in respect of which family trust distribution tax was paid by the trust or company for the 2017 income year?</li> </ul>                                                                                                    |  |                    |    |        |
| <ul style="list-style-type: none"> <li>Did your spouse have any reportable fringe benefits amounts for the 2017 income year?</li> </ul>                                                                                                                                                                                   |  |                    |    |        |
| <ul style="list-style-type: none"> <li>Did your spouse receive any Australian Government pensions or allowances (not including exempt pension income) in the 2017 income year?</li> </ul>                                                                                                                                 |  |                    |    |        |
| <ul style="list-style-type: none"> <li>Did your spouse receive any exempt pension income in the 2017 income year?</li> </ul>                                                                                                                                                                                              |  |                    |    |        |
| <ul style="list-style-type: none"> <li>Did your spouse receive any tax-free government pensions paid under the <i>Military Rehabilitation and Compensation Act 2004</i>?</li> </ul>                                                                                                                                       |  |                    |    |        |
| <ul style="list-style-type: none"> <li>Does your spouse have any reportable employer superannuation contributions or deductible personal superannuation contributions for the 2017 income year?</li> </ul>                                                                                                                |  |                    |    |        |
| <ul style="list-style-type: none"> <li>Did your spouse receive any ‘target foreign income’ in the 2017 income year?</li> </ul>                                                                                                                                                                                            |  |                    |    |        |
| <ul style="list-style-type: none"> <li>Did your spouse have a total net investment loss (i.e., the total of any financial investment loss and a rental property loss) for the 2017 income year?</li> </ul>                                                                                                                |  |                    |    |        |
| <ul style="list-style-type: none"> <li>Did your spouse pay child support during the 2017 income year?</li> </ul>                                                                                                                                                                                                          |  |                    |    |        |
| <ul style="list-style-type: none"> <li>If your spouse is aged between their preservation age and 59 years old, did they receive a superannuation lump sum (other than a death benefit) during the 2017 income year that included a taxed element that does not exceed their low rate cap?</li> </ul>                      |  |                    |    |        |
| Additional notes/concerns:                                                                                                                                                                                                                                                                                                |  |                    |    |        |
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|                                                                                                                                                                                                                                                                                                                           |  |                    |    |        |
| <b>Dated:</b>                                                                                                                                                                                                                                                                                                             |  | ____ / ____ / ____ |    |        |
| <b>Signature of taxpayer:</b>                                                                                                                                                                                                                                                                                             |  |                    |    |        |
| <b>Name (Print)</b>                                                                                                                                                                                                                                                                                                       |  |                    |    |        |