Client Name:		
Cilent Name:		

			PERSONA	L DETAILS				
		SURNAME				GIVEN NAME		
			OTHER NAME(S)				GEN	IDER
							Male	Female
	DATE OF BIRTH		PASSPOR	Γ NUMBER		C	COUNTRY OF ISSU	JE
DD	ММ	YYYY						
		( FILE NUMBER (1	ren\		ALICTE	ALIAN BUSINESS NU	MDED (ADNI)	
	182	TILL NOWBER (	irivj		AUSTI	ALIAN BOSINESS NO	WIDER (ADIV)	
			CONTACT TELEPH	IONE NUMBER	(5).			
		AUSTRALIAN	CONTACT TEEET	IONE NOMBER	, <b></b> ,.	OVERSEAS		
WORK:				WORK:	(+ )			
MOBILE:				MOBILE:	(+ )			
HOME:				номе:	(+ )			
	-		Email :	address	•			
			RESIDENTIA	VI ADDRES	c			
	Note, t	he addresses bel	ow MUST NOT be a PO BOX ADI	_	_	ical address that you	ı live in.	
		AUSTRALIAN				OVERSEAS		
		710077101217117				072/102/10		
STATE				COUNTRY				
SIAIE	If living in a Hoste	l, you must includ	le the name of the		ase provide	full details as you wo	uld if you were giv	ving
	Hostel an	d the Room/Dorn	n Number		the dir	ections to your friend	to visit you.	
		PI	REVIOUS AUSTRALIAN	INCOME '	TAX RET	URNS		
			Have you lodged an Australia	ın Income Tax I	Return befor	e?		
		YES				NO		
	If YES		cker Tax Refunds' who previous	ly prepared and	d lodged an i		r you?	
		YES				NO		
200	If 'Baci 05/2006	·	inds' lodged a previous income	tax return for y	ou , which Ir	ncome Tax Year was I	lodged?	
200		2006/	•		<u> </u>			
NAME:	· ·	f No, who was it	that lodged your previous Aust	YEAR:	ax Return ai	FEE:	\$	
NAIVIL.						FLL:	۲	
			MEDICARE LEV	/Y EXEMP	TION			
Were you	entitled to ricipor	acal health-care	benefits whilst in Australia?		YES		NO	
If NO, I	have you applied f	or a Medicare Le	vy Exemption Certificate?		YES		NO	
			AUSTRALIAN PRIVAT	E HEALTH I	INSURAN	ICE		
			Do you have AUSTRALIAN	Private Health	Insurance?			
		YES				NO		
Name o	f Health Fund		If YES, please provide the Member Number		able below: of Cover (ie	. A. H. or C)	Days Co	overed.
italie 0				Туре	. J. Cover (le	,,,	Days Co	
		_		_			_	

ncome Tax Application Form			Client Name:			
		TRAVEL	DETAILS			
VISA Number			VISA Exp	oiry Date (dd/mm/yyyy):		
Date of First Arrival to	Australia (dd/mm/yyyy)			Place of Arrival		
			Г			
Date of Departure from Australia (dd/mm/yyyy)				Place of Departure		
VISA S	ubclass					
		BANK [	DETAILS			
Please Transfe	er my Income Tax Refund t				Bank Account	
AUSTRALIAN				OVERSEAS**		
	BANK NAME			BANK NAME		
ACCO	ACCOUNT HOLDERS NAME		ACCOUNT HOLDERS NAME			
	BSB		BSB / SORT CODE			
A	CCOUNT NUMBER		ACCOUNT NUMBER			
				ADDRESS & SUBURB OF	BRANCH	
**Overseas ba	nk accounts attract an AUD\$35					
telegraphic :	transfer fee for each transfer.					
	•					
Please ensure tha	it you complete ALL BANK DETAILS		IBAN			
	to do so may result in a delayed or					
·	ccessful bank transfer.		SWIFT CODE			
	•					
If the funds are re	eturned, any fees for re-attempting	7		BIC CODE		
	e case of Overseas bank accounts					
, , ,	will be charged.		TRANSIT NUMBER (North American Banks Only)			
				•		
Be sure that you	have specified whether you would		F	ROUTING NUMBER (North Amer	ican Banks Only)	

	BANK INTEREST					
STOD:	This is important. Bank Interest is Assessable Income in Australia and MUST BE					
STOP:		INCLUDED in	your Income Tax Return.			
	This information is pas	ssed onto the Australian Tax Off	ice from your Bank and not including it in your Ir	come		
	Tax Return could cau	se a delay, or an audit of your Ir	ncome Tax Return and may lead to a change in y	our.		
	Income To	x Refund Amount. This includes	any bank accounts that have been closed.			
	Do yo	ou (or did you) have any money	saved in an Australian Bank Account?			
	YES NO					
	If you are not sure w	whether or not you have earned any	bank interest, you must contact your bank to verify thi	s.		
	Most banks can also provid	de this information in your Internet l	Banking or on the last Bank Statement for the Income	Tax Year		
	BANK NAME	ACCOUNT NUMBER	BANK NAME	ACCOUNT NUMBER		
	GROSS INTEREST	TFN WITHHOLDING	GROSS INTEREST	TFN WITHHOLDING		
	BANK NAME	ACCOUNT NUMBER	BANK NAME	ACCOUNT NUMBER		
	GROSS INTEREST	TFN WITHHOLDING	GROSS INTEREST	TFN WITHHOLDING		

INSTITUTION NUMBER (North American Banks Only)

NO

Client Re	f <del>:</del>

like your Income Tax Refund to be transferred to your

AUSTRALIAN or OVERSEAS bank account.

YES

**OTHER INFORMATION** 

Do you own a Motor Vehicle in Australia?

EMPLOYMENT DETAILS						
T	otal Number of Employers/ Emp	loyment Agenci	es			
				I		
	Employer Name (ie, Company/	Business Name)		<i>(:£</i>		the Employment Agency
				(IT you	were employed	/paid through an Employment Agency)
			loh Title / lo	Description.		
			Job Title / Jo	b Description.		
		,	Address of Empl	oyer (or Agency)	:	
Street No.		Street Name		, , , , ,		
Suburb		L	·			
State		Postcode		Phone #:		
Email:		ı		Contact Person	<u> </u>	
Date of Comme	encement:			Date of Termina	ation:	
	Do you have your FINAL	PAY SLIP?				ı your PAYG Payment Summary?
	YES	NO			YES	NO
				·		
	Employer Name (ie, Company/	Business Name)				the Employment Agency
	Employer Hame (ie) company)			(if you	were employed	/paid through an Employment Agency)
			Job Title / Jo	b Description.		
			Address of Empl	oyer (or Agency)	:	
Street No.		Street Name				
Suburb State		Postcode		Phone #:		
Email:		rostcouc		Contact Person		
Date of Comme	uncomout.			Date of Termina	ation.	
Date of Comme	Do you have your FINAL	 PAY SLIP?		Date of Termina		 vour PAYG Payment Summary?
	YES	·			YES	NO
YES NO YES NO						
	-				11.5	110
						the Employment Agency
	Employer Name (ie, Company/			(if you	Name of	
				(if you	Name of	the Employment Agency
					Name of	the Employment Agency
				(if you b Description.	Name of	the Employment Agency
		Business Name)	Job Title / Jo	b Description.	Name of were employed	the Employment Agency
Street No.		Business Name)	Job Title / Jo		Name of were employed	the Employment Agency
Street No. Suburb		Business Name)	Job Title / Jo	b Description.	Name of were employed	the Employment Agency
		Business Name)	Job Title / Jo	b Description.	Name of were employed	the Employment Agency
Suburb		Business Name)	Job Title / Jo	b Description. oyer (or Agency)	Name of were employed	the Employment Agency
Suburb State	Employer Name (ie, Company/	Business Name)  Street Name  Postcode	Job Title / Jo	b Description.  oyer (or Agency)  Phone #:	Name of were employed :	the Employment Agency /paid through an Employment Agency)
Suburb State Email:	Employer Name (ie, Company/i	Business Name)  Street Name  Postcode  PAY SLIP?	Job Title / Jo	b Description.  oyer (or Agency)  Phone #:  Contact Person	Name of were employed : ation: Do you have y	the Employment Agency /paid through an Employment Agency)  rour PAYG Payment Summary?
Suburb State Email:	Employer Name (ie, Company/	Business Name)  Street Name  Postcode	Job Title / Jo	b Description.  oyer (or Agency)  Phone #:  Contact Person	Name of were employed :	the Employment Agency /paid through an Employment Agency)
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Suburb State Email:	Employer Name (ie, Company/i	Business Name)  Street Name  Postcode  PAY SLIP?  NO	Job Title / Jo	b Description.  oyer (or Agency)  Phone #:  Contact Person  Date of Termina	Name of were employed : : ation: Do you have y YES Name of	the Employment Agency /paid through an Employment Agency)  /our PAYG Payment Summary?  NO  the Employment Agency
Suburb State Email:	Employer Name (ie, Company/i	Business Name)  Street Name  Postcode  PAY SLIP?  NO	Job Title / Jo	b Description.  oyer (or Agency)  Phone #:  Contact Person  Date of Termina	Name of were employed : : ation: Do you have y YES Name of	the Employment Agency /paid through an Employment Agency)  /our PAYG Payment Summary?  NO
Suburb State Email:	Employer Name (ie, Company/i	Business Name)  Street Name  Postcode  PAY SLIP?  NO	Job Title / Jo	b Description.  oyer (or Agency)  Phone #:  Contact Person  Date of Termina  (if you	Name of were employed : : ation: Do you have y YES Name of	the Employment Agency /paid through an Employment Agency)  /our PAYG Payment Summary?  NO  the Employment Agency
Suburb State Email:	Employer Name (ie, Company/i	Business Name)  Street Name  Postcode  PAY SLIP?  NO	Job Title / Jo	b Description.  oyer (or Agency)  Phone #:  Contact Person  Date of Termina	Name of were employed : : ation: Do you have y YES Name of	the Employment Agency /paid through an Employment Agency)  /our PAYG Payment Summary?  NO  the Employment Agency
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Suburb State Email:	Employer Name (ie, Company/i	Business Name)  Street Name  Postcode  PAY SLIP?  NO  Business Name)	Job Title / Jo	b Description.  oyer (or Agency)  Phone #:  Contact Person  Date of Termina  (if you	Name of were employed: : ation: Do you have y YES  Name of were employed	the Employment Agency /paid through an Employment Agency)  /our PAYG Payment Summary?  NO  the Employment Agency
Suburb State Email: Date of Comme	Employer Name (ie, Company/i	Business Name)  Street Name  Postcode  PAY SLIP?  NO  Business Name)	Job Title / Jo	b Description.  oyer (or Agency)  Phone #:  Contact Person  Date of Termina  (if you	Name of were employed: : ation: Do you have y YES  Name of were employed	the Employment Agency /paid through an Employment Agency)  /our PAYG Payment Summary?  NO  the Employment Agency
Suburb State Email: Date of Comme	Employer Name (ie, Company/i	Business Name)  Street Name  Postcode  PAY SLIP?  NO  Business Name)	Job Title / Jo	b Description.  oyer (or Agency)  Phone #:  Contact Person  Date of Termina  (if you	Name of were employed: : ation: Do you have y YES  Name of were employed	the Employment Agency /paid through an Employment Agency)  /our PAYG Payment Summary?  NO  the Employment Agency
Suburb State Email: Date of Comme	Employer Name (ie, Company/i	Business Name)  Street Name  Postcode  PAY SLIP?  NO  Business Name)	Job Title / Jo	Phone #: Contact Person Date of Termina (if you b Description.	Name of were employed: : ation: Do you have y YES  Name of were employed	the Employment Agency /paid through an Employment Agency)  /our PAYG Payment Summary?  NO  the Employment Agency
Suburb State Email: Date of Comme  Street No. Suburb State	Employer Name (ie, Company/sencement:  Do you have your FINAL YES  Employer Name (ie, Company/sencement)	Business Name)  Street Name  Postcode  PAY SLIP?  NO  Business Name)	Job Title / Jo	Phone #:  Contact Person Date of Termina  (if you b Description.  oyer (or Agency)	Name of were employed : ation: Do you have y YES  Name of were employed :	the Employment Agency /paid through an Employment Agency)  /our PAYG Payment Summary?  NO  the Employment Agency
Suburb State Email: Date of Comme  Street No. Suburb State Email:	Employer Name (ie, Company/sencement:  Do you have your FINAL YES  Employer Name (ie, Company/sencement)	Business Name)  Street Name  Postcode  PAY SLIP?  NO  Business Name)  Street Name  Postcode	Job Title / Jo	Phone #:  Contact Person  Date of Termina  (if you  b Description.  oyer (or Agency)  Phone #:  Contact Person	Name of were employed : ation: Do you have y YES  Name of were employed :	the Employment Agency /paid through an Employment Agency)  /our PAYG Payment Summary?  NO  the Employment Agency

_			
r	liont	Name:	

Employer Name (ie, Company/Business Name)			Name of the Employment Agency (if you were employed/paid through an Employment Agency)			
			Job Title / Jo	b Description.		
	T		Address of Emp	loyer (or Agency	):	
Street No.		Street Name				
Suburb		Dantanda	I	Dhana #	I	
State		Postcode		Phone #:		
Email:				Contact Person		
Date of Comm		NAV CLIDO		Date of Termin		PAVC Parimant Company
	Do you have your FINAL P	NO				our PAYG Payment Summary?  NO
	YES	NO			YES	NO
	Employer Name (ie, Company/E	Business Name)		(if you		the Employment Agency /paid through an Employment Agency)
Job Title / Job Description.						
			100 וונופ / 10	b Description.		
			Address of Emp	loyer (or Agency	1.	
Street No.		Street Name	Hudress of Emp	oyer (or Agency	j	
Suburb		Street Hume				
State		Postcode		Phone #:		
Email:				Contact Person		
Date of Comm	encement:			Date of Termin	ation:	
	Do you have your FINAL P	PAY SLIP?		Do you have your PAYG Payment Summary?		
	YES	NO			YES	NO
	Employer Name (ie, Company/E	Business Name)		Name of the Employment Agency (if you were employed/paid through an Employment Agency)		
			lab Title / la	b Description.		
			JOB TILLE / JO	b bescription.		
			Address of Emp	loyer (or Agency	):	
Street No.		Street Name			,-	
Suburb			l			
State		Postcode		Phone #:		
Email:				<b>Contact Person</b>		
Date of Comm	encement:			Date of Termin	ation:	
	Do you have your FINAL P	PAY SLIP?			Do you have y	our PAYG Payment Summary?
	YES	NO			YES	NO
	Employer Name (ie, Company/B	Business Name)		Name of the Employment Agency (if you were employed/paid through an Employment Agency)		
			Job Title / Jo	b Description.		
			Address of Emp	loyer (or Agency	):	
Street No.		Street Name				
Suburb			T		1	
State		Postcode		Phone #:		
Email:				Contact Person		
Date of Comm	encement:			Date of Termin	ation:	
	Do you have your FINAL P	PAY SLIP?			Do you have y	our PAYG Payment Summary?
ĺ	YES	NO			YES	NO

If you have any documents from your Employers (ie, PAYG Payment Summaries/Group Certificates or Final Pay Slips), please provide copies as it will assist in successfully completing your Income Tax Return

Client Ref:\_\_\_\_\_

Client Name:		
Cilent Name:		

	Work Related Expenses				
Did you ha YES	ve a work uniform to work?	Did you wear protect YES	ive clothing (eg, Safety Boots) to work?		
YES	NO	YES NO			
Did	you use your car for work (does not include trav	relling to and from the same pla	ce of work each day).		
Diu	YES	lening to und from the same pla	NO		
	· <del>- •</del>				
If you i	used your car for work, do you have a logbook w	hich has a record of the Kilome	tre's travelled for work?		
•	YES		NO		
	your Mobile Phone for work?	Did y	ou buy Tools for work?		
YES	NO	YES	NO		
	Please list your work-related expenses belo	w. Please provide as much deta	il as possible.		
Date of Expense	Time of Finance		Da very have evidence (in massiut)?		
DD/MM/YYYY	Type of Expense  Eg: Loose Tools	<b>\$</b> \$110.00	Do you have evidence (ie, receipt)?  YES		
וואוןטט	Eg. Loose Tools	\$110.00	TES		
		<del> </del>			
		<u> </u>			
		ļ			
		<del> </del>			
		<del> </del>			
		ļ	· <del> </del>		
			·		
	1	ı	•		
	Anything you forgot to mention	or anything we forg	ot to ask)?		
		. (3. 4) (1111) WC 1018	51.5 usinj.		

PLEASE ENSURE THAT YOU HAVE FILLED IN ALL INFORMATION REQUIRED, AND PROVIDED ANY SUPPLEMENTARY DOCUMENTS YOU MAY HAVE.

FAILURE TO DO SO MAY RESULT IN A DELAY IN PROCESSING YOUR INCOME TAX RETURN.

Client Ref:\_\_\_\_\_

## **AUTHORITY TO ACT & FEE-FROM-REFUND AUTHORITY**

Name:	
Of (address):	
Number:	Street:
Suburb:	City/Town:
County:	State/Province:
Postcode/Zip:	Country:
Date of Birth (DD/MM/YYYY):/	Tax File Number (TFN):
to act on my behalf in the capacity of accountants income tax return based upon information provided I, the above-mentioned, also hereby authorise & appoint LIMITED (TAX AGENT NO. 24629-963), to act on my be limited to), PAYG Payment Summaries/Group Certificate accountants and registered tax agents, will allow them the year of income ended on 30/06/2009, based on the I understand the fee to prepare my personal income tax references.	IMITED (TAX AGENT NO. 24629-963) of TS ROAD MORTDALE, NSW 2223, and registered tax agents, to prepare and sign my personal by me for the year of income ended on 30/06/2009.  Int the accounting & tax agent firm of INCOME TAX RETURNS PTY ehalf in the collection of lost documents (which includes, but not ates, Pay slips, and other documents which in their capacity as to correctly prepare and sign my personal income tax return for a information I have provided to them.
<ul><li>i. 9.9% of my refund to a maximum capped fee</li><li>ii. \$5 service fee per missing document/payme</li></ul>	
iii. If there is a requirement to transfer my refu	and to my overseas/foreign bank account, I understand there is an
extra fee of \$35 for each transaction made.	
any money received on my behalf referable to my Taxatic cheques in my favour), into their client trust account as services are paid in full. I declare that I have supplied <b>INCO</b>	AX RETURNS PTY LIMITED (TAX AGENT NO. 24629-963) to deposit on affairs (which includes, but not limited to any income tax refund to the time in which fees mentioned above for their professional DME TAX RETURNS PTY LIMITED (TAX AGENT NO. 24629-963) my fee(s) to be deducted from any income tax refunds I am in receipt of, supplied under instruction.
I understand & agree to the above, and agree to sign this of	document in the space below.
(Signature)/(Date Signed)	

Income Tax Returns Pty Limited (ABN: 96 161 224 184) Year Ended 30 June 2009

Client Ref:

## **AUTHORITY & TAX AGENT APPOINTMENT**

Name:	
Of (address):	
Number:	Street:
Suburb:	City/Town:
County:	State/Province:
Postcode/Zip:	Country:
Date of Birth (DD/MM/YYYY):/	Tax File Number (TFN):
to act on my behalf in the capacity of accountant income tax return based upon information provided I, the above-mentioned, also hereby authorise & application (TAX AGENT NO. 24629-963), to act on my limited to), PAYG Payment Summaries/Group Certification.	TELIMITED (TAX AGENT NO. 24629-963) of ORTS ROAD MORTDALE, NSW 2223, ats and registered tax agents, to prepare and sign my personal d by me for the year of income ended on 30/06/2009.  Oint the accounting & tax agent firm of INCOME TAX RETURNS PTY behalf in the collection of lost documents (which includes, but not ficates, Pay slips, and other documents which in their capacity as arm to correctly prepare and sign my personal income tax return for the information I have provided to them.