	ication Form					Client Name:		
			PERSONA	L DETAILS				
		SURNAME				GIVEN NAME	Ē	
			OTHER NAME(S)				Male GEN	NDER Female
	DATE OF BIRTH		DVCCDUD	Γ NUMBER			COUNTRY OF ISSI	
	DATE OF BIRTH		PASSFOR	INOMBLE			COUNTRI OF 133	JL
DD MM YYYY				Ī		1		
TAX FILE NUMBER (TFN)					Al	USTRALIAN BUSINESS NI	UMBER (ABN)	
			CONTACT TELEPH	ONE NUMBER	(c)·			
		AUSTRALIAN	CONTACT TELEFT	IONE NOWIBER	(3).	OVERSEAS		
RK:				WORK:	(+)		
BILE:				MOBILE:	(+)		
ΛΕ:				HOME:	(+)		
15.			Email :	address	1/.	,		
			Liligii e	dui ess				
			RESIDENTIA	AL ADDRES	35			
	Note, th	he addresses be	low MUST NOT be a PO BOX AD			physical address that yo	ou live in.	
		AUSTRALIAN				OVERSEAS		
					1			
TE	l f livina in a Hostel	. vou must inclue	de the name of the	COUNTRY	rase prov	vide full details as you wo	ould if you were a	ivina
,,		the Room/Dori		7.70		e directions to your frien		viiig
		P	REVIOUS AUSTRALIAN	INCOME	TAX R	RETURNS		
			Have you lodged an Australia	in Income Tax	Return b	pefore?		
		YES	, ,			NO		
	If YES		cker Tax Refunds' who previous	ly prepared and	d lodged		or you?	
		YES				NO		
2005	If 'Back 5/2006	•	unds' lodged a previous income f /2007 2007	tax return for y /2008	ou , whi	ich Income Tax Year was 2008/2009		/2010
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		OTHER:	, 2000		2000, 2000]
	. If	No, who was it	that lodged your previous Aust	ralian Income T	ax Retu	rn and what was their fe	ee?	
				YEAR:		FEE:	\$	
ΛE:								
ME:			MEDICARE LEV	/Y EXEMP	ΓΙΟΝ			
	entitled to ricipora	acal health-care		/Y EXEMP		YES	NO	
Were you e			MEDICARE LEV benefits whilst in Australia?	/Y EXEMP	\	YES YES	NO NO	

AUSTRALIAN PRIVATE HEALTH INSURANCE			
	Do you have AUSTRALIAN	Private Health Insurance?	
	YES	NO	
	If YES, please provide the	details in the table below:	
Name of Health Fund	Member Number	Type of Cover (ie, A, H, or C)	Days Covered.

WORK:

MOBILE: номе:

STATE

NAME:

Income Tax Application Form		Client Name:			
		TRAVEL	DETAILS		
VISA Number			VISA Exp	piry Date (dd/mm/yyyy):	
Date of First Arrival to A	Australia (dd/mm/yyyy)			Place of Arrival	
	Australia (dd/mm/yyyy)			Place of Departure	
VISA S	ubclass				
		BANK	DETAILS		
Please Transfe	er my Income Tax Refund	to my			Bank Account
AUSTRALIAN			OVERSEAS**		
	BANK NAME		BANK NAME		
ACCO	OUNT HOLDERS NAME		ACCOUNT HOLDERS NAME		
	BSB		BSB / SORT CODE		
ACCOUNT NUMBER				ACCOUNT NUMB	ER
				ADDRESS & SUBURB OF	BRANCH
**Overseas bar	nk accounts attract an AUD\$35				
telegraphic t	ransfer fee for each transfer.				
Please ensure that you complete ALL BANK DETAILS				IBAN	
	o do so may result in a delayed				
•	cessful bank transfer.			SWIFT CODE	
	•				
If the funds are re	turned, any fees for re-attempti	ng		BIC CODE	
the transfer (in the case of Overseas bank accounts)					

	BANK INTEREST					
STOP:	This is important. Bank Interest is Assessable Income in Australia and MUST BE					
3101.		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	ncome		
	Tax Return could cau	se a delay, or an audit of your I	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	hether 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		

TRANSIT NUMBER (North American Banks Only)

ROUTING NUMBER (North American Banks Only)

INSTITUTION NUMBER (North American Banks Only)

NO

will be charged.

Be sure that you have specified whether you would

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?

		E	EMPLOYME	NT DETAILS	S	
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 / Job 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	NO 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)
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	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	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	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
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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

Cli	ent	· N	an	ıe.	

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.		
			Address of Empl	oyer (or Agency):	
Street No.	St	treet Name				
Suburb State	l De	ostcode	<u> </u>	Phone #:	T	
Email:	į,	osicode		Contact Person		
Date of Commencement: Do you have your FINAL PAY SLIP?		Date of Termin		 vour PAYG Payment Summary?		
	YES	NO			YES	NO
	Employer Name (ie, Company/Bu	siness Name)		(if you		the Employment Agency /paid through an Employment Agency)
			Job Title / Jo	b Description.		
		,	Address of Empl	oyer (or Agency):	
Street No.	St	treet Name				
Suburb			1	I=		
State	Po	ostcode		Phone #:	<u> </u>	
Email:				Contact Person		
Date of Comm		V (LID)		Date of Termination:		
	Do you have your FINAL PA					vour PAYG Payment Summary?
	YES	NO			YES	NO
	Employer Name (ie, Company/Bu	siness Name)		(if you		the Employment Agency /paid through an Employment Agency)
			Job Title / Jo	b Description.		
		,	Address of Empl	oyer (or Agency):	
Street No.	St	treet Name				
Suburb						
State	Po	ostcode		Phone #:	<u> </u>	
Email:				Contact Person	1	
Date of Comm				Date of Termin		
	Do you have your FINAL PA				•	your PAYG Payment Summary?
	YES	NO			YES	NO
	Employer Name (ie, Company/Bu	siness Name)		(if you		the Employment Agency /paid through an Employment Agency)
			Job Title / Jo	b Description.		
			0 al alua 2 =		١.	
Street No.	l _c ,	treet Name	Auaress of Empl	oyer (or Agency	j.	
	51	u eet ivallie				
Suburb	1_		<u> </u>	Dl		
State	Po	ostcode		Phone #:		
Email:				Contact Person		
Date of Comm		V (1103		Date of Termin		PAYS Barrers is 2
	Do you have your FINAL PA					vour PAYG Payment Summary?
i	YES	NO		ĺ	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:		

	Work Related Expenses				
	ve a work uniform to work?		ve clothing (eg, Safety Boots) to work?		
YES	NO	YES NO			
Did	Did you use your car for work (does not include travelling to and from the same place of work each day).				
	YES		NO		
If you u	If you used your car for work, do you have a logbook which has a record of the Kilometre's travelled for work?				
	YES		NO		
Did you use	your Mobile Phone for work?	Did yo	ou buy Tools for work?		
YES	NO	YES	NO		
	Please list your work-related expenses belo	w. Please provide as much detai	l as possible.		
		<u> </u>			
Date of Expense	Type of Expense	\$	Do you have evidence (ie, receipt)?		
DD/MM/YYYY	Eg: Loose Tools	\$110.00	YES		
, ,	3	,			
l		 			
 	 	 			
		 			
		 			
	<u> </u>	<u> </u>	<u> </u>		
	Anything you forgot to mention (or anything we forgot to ask)?				
	,				

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):		
I hereby authorise & appoint the accounting & tax agent firm of: INCOME TAX RETURNS PTY LIMITED (TAX AGENT NO. 24629-963) of FIRST FLOOR, 1A MORTS ROAD MORTDALE, NSW 2223, to act on my behalf in the capacity of accountants and registered tax agents, to prepare and sign my personal income tax return based upon information provided by me for the year of income ended on 30/06/2011. I, the above-mentioned, also hereby authorise & appoint the accounting & tax agent firm of INCOME TAX RETURNS PTO LIMITED (TAX AGENT NO. 24629-963), to act on my behalf in the collection of lost documents (which includes, but not limited to), PAYG Payment Summaries/Group Certificates, Pay slips, and other documents which in their capacity a accountants and registered tax agents, will allow them to correctly prepare and sign my personal income tax return for the year of income ended on 30/06/2011, based on the information I have provided to them.			
 I understand the fee to prepare my personal income tax r i. 9.9% of my refund to a maximum capped fe ii. \$5 service fee per missing document/payme iii. If there is a requirement to transfer my refeater a fee of \$35 for each transaction made. 	e of AUD\$165.00 (inclusive of GST)		
any money received on my behalf referable to my Taxat cheques in my favour), into their client trust account a services are paid in full. I declare that I have supplied INC	AX RETURNS PTY LIMITED (TAX AGENT NO. 24629-963) to deposit ion affairs (which includes, but not limited to any income tax refunds to the time in which fees mentioned above for their professional OME 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 (Signature) (Date Signed)	document in the space below.		

Income Tax Returns Pty Limited (ABN: 96 161 224 184) Year Ended 30 June 2011

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 provide I, the above-mentioned, also hereby authorise & app LIMITED (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 ad by me for the year of income ended on 30/06/2011. Soint 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 tem to correctly prepare and sign my personal income tax return for the information I have provided to them.