			PERSONA	L DETAILS					
SURNAME				GIVEN NAME					
		OTHER N	IAME(S)					GEN	IDER
			. , ,					Male	Female
DATE OF BIRT	ТН		PASSPOR'	T NUMBER			С	OUNTRY OF ISSU	JE
DD MM	үүүү						1		
T	AX FILE NUMBER (1	TFN)			ļ	AUSTRALI	AN BUSINESS NUI	MBER (ABN)	
		cc	ONTACT TELEPH	ONE NUMBER	(S):				
	AUSTRALIAN						OVERSEAS		
WORK:				WORK:	(+)			
MOBILE:				MOBILE:	(+)			
номе:				номе:	(+)			
			Email	address					
		R	RESIDENTIA	AL ADDRES	SS				
Note	, the addresses bel					a physical	address that you	live in.	
	AUSTRALIAN						OVERSEAS		
CTATE				COLINITRY					
STATE If living in a Hos	tel, you must includ	de the name of the	<u> </u>	COUNTRY	ease pro	ovide full (details as you wou	ıld if vou were ai	vina
	and the Room/Dorn						ons to your friend		
	PI	REVIOUS AL	JSTRALIAN	I INCOME	TAX	RETUR	NS		
		Have you lodg	ged an Australia	an Income Tax I	Return	before?			
	YES						NO		
If \	ES, was it 'Backpa	cker Tax Refunds	' who previous	ly prepared and	d lodge	d an inco	me tax return for	you?	
	YES						NO		
	ackpacker Tax Refu				ou , wł			r	
2005/2006	2006, .0/2011	/2007	2007	/2008 OTHER:		2008	8/2009	2009,	/2010
201									
NAME:	If No, who was it	that lodged your	r previous Aust	YEAR:	ax Ket	urn and w	FEE:	\$	
IVAIVIL.							FLL.	٧	
		MED	DICARE LEV	/Y EXEMP	TION				
Were you entitled to ricip	oracal health-care	benefits whilst in	n Australia?			YES		NO	
If NO, have you applied	l for a Medicare Le	vy Exemption Ce	rtificate?			YES		NO	
		AUSTRALIA	N PRIVAT	E HEALTH	INSU	RANCE			
		Do you hav	ve AUSTRALIAN	l Private Health	Insura	ince?			
	YES						NO		
Name of the last and				details in the to					
Name of Health Fund	•	Member Number		Туре	of Cov	ver (ie, A,	H, or C)	Days Co	overed.
	1			1				i	

Income Tax Application Form			Client Name:				
TRAVEL DETAILS							
VISA Number		VISA I	Expiry Date (dd/mm/yyyy):				
Date of First Arrival to	Australia (dd/mm/yyyy)		Place of Arrival				
Date of Departure from	Australia (dd/mm/yyyy)		Place of Departure				
VISA S	Subclass						
	BA	ANK DETAILS					
Please Transf	er my Income Tax Refund to my			Bank Account			
	AUSTRALIAN		OVERSEAS**				
	BANK NAME		BANK NAME				
ACCOUNT HOLDERS NAME			ACCOUNT HOLDERS I	NAME			
BSB			BSB / SORT COD	E			
4	ACCOUNT NUMBER		ACCOUNT NUMBER				
			ADDRESS & SUBURB OF BRANCH				
**Overseas bo	ınk accounts attract an AUD\$35						
telegraphic transfer fee for each transfer.							
Please ensure that you complete ALL BANK DETAILS			IBAN				
required. Failure	to do so may result in a delayed or						
	ccessful bank transfer.		SWIFT CODE				

BIC CODE

TRANSIT NUMBER (North American Banks Only)

ROUTING NUMBER (North American Banks Only)

INSTITUTION NUMBER (North American Banks Only)

NO

		BANK IN	NTEREST			
STOP:	This is in	mportant. Bank Interest is	s Assessable Income in Australia and I	MUST BE		
3104.		INCLUDED in	your Income Tax Return.			
	This information is pa	ssed onto the Australian Tax Off	ice from your Bank and not including it in your I	ncome		
	Tax Return could cau	ıse a delay, or an audit of your Iı	ncome Tax Return and may lead to a change in y	our.		
	Income To	ax Refund Amount. This includes	any bank accounts that have been closed.			
	Do ye	ou (or did you) have any money	saved in an Australian Bank Account?			
	YES		NO			
If you are not sure whether or not you have earned any bank interest, you must contact your bank to verify this.						
	Most banks can also provide this information in your Internet 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		

If the funds are returned, any fees for re-attempting

the transfer (in the case of Overseas bank accounts)

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?

	EMPLOYMENT DETAILS					
Т	otal Number of Employers/ Emp	loyment Agencie	es			
				I		
	Employer Name (in Company)	Pusinoss Namo)			Name of	the Employment Agency
	Employer Name (ie, Company/Business Name)			(if you	were employed	/paid through an Employment Agency)
			Job Title / Jo	b Description.		
	1	ı	Address of Empl	oyer (or Agency)):	
Street No.		Street Name				
Suburb						
State		Postcode		Phone #:		
Email:		•		Contact Person	:	
Date of Comme	encement:			Date of Termin	ation:	
	Do you have your FINAL	PAY SLIP?				! your PAYG Payment Summary?
	YES	NO			YES	NO
					Name of	the Employment Agency
	Employer Name (ie, Company/	Business Name)		(if you	were employed	/paid through an Employment Agency)
			loh Title / lo	b Description.		
			300 11112 / 301	Description.		
			Address of Empl	over (or Agency):	
Street No.		Street Name		oyer (er rigeriey)	,-	
Suburb		0000				
State		Postcode		Phone #:		
Email:				Contact Person		
Date of Comme	encement:			Date of Termin	ation:	
	Do you have your FINAL	PAY SLIP?				our PAYG Payment Summary?
	YES	NO			YES	NO
				l		
Name of the Employment Agency						
	Employer Name (ie, Company/	Business Name)		(if you	were employed	/paid through an Employment Agency)
			tala Tiala / tal	h D		
			Job Title / Joi	b Description.		
			Address of Empl	over for Agency	١.	
Street No.		Street Name	Address of Empl	oyer (or Agency	J·	
Suburb		Street Name				
State		Postcode		Phone #:		
Email:				Contact Person		
Date of Comme	ncement:			Date of Termin		
Date of Comme	Do you have your FINAL	 PΔV SI IP?		Date of Termini		 /our PAYG Payment Summary?
	YES	NO			YES	NO
	1.20					
					Name of	the Employment Agency
	Employer Name (ie, Company/	Business Name)		(if you were employed/paid through an Employment Agency)		
				•	• •	
			loh Title / lol	Description.		
			Job Title / Joi	b bescription.		
			Address of Empl	over (or Agency	١٠	
Street No.		Street Name	TAMICOS OF LIND!	Oyer (or Agency		
Suburb		20.000 Hallie	<u> </u>			
State		Postcode		Phone #:		
Email:	1		L			
				Contact Person		
Date of Comme	encement:					
Date of Comme		PAY SLIP?		Contact Person Date of Termin	ation:	our PAYG Payment Summary?
Date of Comme	encement: Do you have your FINAL YES	PAY SLIP?			ation:	your PAYG Payment Summary?

~	lion	+ 1	lame:	
u	ıen	LIV	uiiie.	

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	loyer (or Agency):	
Street No.		Street Name				
Suburb		In	1	lat "	1	
State		Postcode		Phone #:		
Email:		<u> </u>		Contact Person		
Date of Comme	encement: Do you have your FINAL	DAY CLID3		Date of Termin		our PAYG Payment Summary?
	YES	NO			YES	NO
<u> </u>	11.5	NO			11.5	110
	Employer Name (ie, Company/	Business Name)		(if you		the Employment Agency /paid through an Employment Agency)
			Job Title / Jo	b Description.		
Church No.	T		Address of Empl	loyer (or Agency):	
Street No. Suburb		Street Name				
State		Postcode		Phone #:		
Email:				Contact Person		
Date of Commo	encement:			Date of Termin		
	Do you have your FINAL	PAY SLIP?				our PAYG Payment Summary?
	YES	NO			YES	NO
				•		
	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	loyer (or Agency	١٠	
Street No.		Street Name	Address of Emp	oyer (or Agency	<i>j</i> •	
Suburb		0.0000				
State		Postcode		Phone #:		
Email:				Contact Person	ı	
Date of Comme	encement:			Date of Termin	ation:	
	Do you have your FINAL	PAY SLIP?			Do you have y	our PAYG Payment Summary?
	YES	NO			YES	NO
	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 Empl	loyer (or Agency):	
Street No.		Street Name				
Suburb			1		1	
State		Postcode		Phone #:		
Email:		_		Contact Person		
Date of Commo	encement:			Date of Termin	ation:	
	Do you have your FINAL					our PAYG Payment Summary?
	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 hav	ve a work uniform to work?	Did you wear protective clothing (eg, Safety Boots) to work?					
YES	NO	YES NO					
		720 110					
Did	you use your car for work (does not include trav	calling to and from the same place	o of work each day)				
Dia		l					
	YES		NO				
lf you ເ	ised your car for work, do you have a logbook w	hich has a record of the Kilomet					
	YES		NO				
		•					
Did you use v	your Mobile Phone for work?	Did yo	ou buy Tools for work?				
YES	NO	YES	NO				
		1 0	114				
	Please list your work-related expenses below	u. Dlagga provida as much datail	as nassible				
	Please list your work-related expenses below	w. Please provide as much detail	as possible.				
	-						
Date of Expense	Type of Expense	\$	Do you have evidence (ie, receipt)?				
DD/MM/YYYY	Eg: Loose Tools	\$110.00	YES				
	Anything you forgot to mention	(or anything we forgo	ot 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):
to act on my behalf in the capacity of accountants income tax return based upon information provided by 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 30/06/2012, based on the I understand the fee to prepare my personal income tax results.	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 30/06/2012. Interpretation 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 information I have provided to them.
i. 9.9% of my refund to a maximum capped feeii. \$5 service fee per missing document/paymen	
	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 Taxation cheques in my favour), into their client trust account as services are paid in full. I declare that I have supplied INCC	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 see(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 2012

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):			
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 30/06/2012. I, the above-mentioned, also hereby authorise & appoint the accounting & tax agent firm of INCOME TAX RETURNS PTY 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 as 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 30/06/2012, based on the information I have provided to them. I have understood & agree to the above, and agree to sign this document in the space below. (Signature) (Signature)				