

PERSONAL DETAILS

SURNAME				GIVEN NAME					
OTHER NAME(S)								GENDER	
								Male	Female
DATE OF BIRTH			PASSPORT NUMBER			COUNTRY OF ISSUE			
DD	MM	YYYY							
TAX FILE NUMBER (TFN)				AUSTRALIAN BUSINESS NUMBER (ABN)					
CONTACT TELEPHONE NUMBER(S):									
AUSTRALIAN				OVERSEAS					
WORK:				WORK:	(+)				
MOBILE:				MOBILE:	(+)				
HOME:				HOME:	(+)				
Email address									

RESIDENTIAL ADDRESS

Note, the addresses below **MUST NOT** be a PO BOX ADDRESS. They must be a physical address that you live in.

AUSTRALIAN				OVERSEAS			
STATE				COUNTRY			
If living in a Hostel, you must include the name of the Hostel and the Room/Dorm Number				Please provide full details as you would if you were giving the directions to your friend to visit you.			

PREVIOUS AUSTRALIAN INCOME TAX RETURNS

Have you lodged an Australian Income Tax Return before?					
YES			NO		
If YES, was it 'Backpacker Tax Refunds' who previously prepared and lodged an income tax return for you?					
YES			NO		
If 'Backpacker Tax Refunds' lodged a previous income tax return for you, which Income Tax Year was lodged?					
2006/2007		2007/2008		2008/2009	
2009/2010		2010/2011		2011/2012	
2012/2013		2013/2014		OTHER:	
If No, who was it that lodged your previous Australian Income Tax Return and what was their fee?					
NAME:		YEAR:		FEE: \$	

MEDICARE LEVY EXEMPTION

Were you entitled to reciprocal health-care benefits whilst in Australia?	YES	NO
If NO, have you applied for a Medicare Levy Exemption Certificate?	YES	NO

AUSTRALIAN PRIVATE HEALTH INSURANCE

Do you have AUSTRALIAN Private Health Insurance?		
YES		NO
<i>If YES, please provide the details in the table below:</i>		
Name of Health Fund	Member Number	Please Provide a copy of your Tax Statement from your Health Fund

TRAVEL DETAILS

VISA Number		VISA 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 Subclass			

BANK DETAILS

Please Transfer my Income Tax Refund to my _____ Bank Account

AUSTRALIAN BANK NAME	OVERSEAS** BANK NAME
ACCOUNT HOLDERS NAME	ACCOUNT HOLDERS NAME
BSB	BSB / SORT CODE
ACCOUNT NUMBER	ACCOUNT NUMBER
	ADDRESS & SUBURB OF BRANCH
**Overseas bank accounts attract an AUD\$35 telegraphic transfer fee for each transfer.	
<i>Please ensure that you complete ALL BANK DETAILS required. Failure to do so may result in a delayed or unsuccessful bank transfer.</i>	IBAN
	SWIFT CODE
<i>If the funds are returned, any fees for re-attempting the transfer (in the case of Overseas bank accounts) will be charged.</i>	BIC CODE
	TRANSIT NUMBER (North American Banks Only)
<i>Be sure that you have specified whether you would like your Income Tax Refund to be transferred to your AUSTRALIAN or OVERSEAS bank account.</i>	ROUTING NUMBER (North American Banks Only)
	INSTITUTION NUMBER (North American Banks Only)

BANK INTEREST**STOP:**

This is important. Bank Interest is Assessable Income in Australia and MUST BE INCLUDED in your Income Tax Return.

This information is passed onto the Australian Tax Office from your Bank and not including it in your Income Tax Return could cause a delay, or an audit of your Income Tax Return and may lead to a change in your Income Tax Refund Amount. This includes any bank accounts that have been closed.

Do you (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

OTHER INFORMATION

Do you own a Motor Vehicle in Australia?	
YES	NO

EMPLOYMENT DETAILS

Total Number of Employers/ Employment Agencies

Employer Name (ie, Company/Business Name)

Name of the Employment Agency
(if you were employed/paid through an Employment Agency)

Job Title / Job Description.

Address of Employer (or Agency):

Street No.		Street Name			
Suburb					
State		Postcode		Phone #:	
Email:				Contact Person:	
Date of Commencement:				Date of Termination:	
Do you have your FINAL PAY SLIP?			Do you have your 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 / Job Description.

Address of Employer (or Agency):

Street No.		Street Name			
Suburb					
State		Postcode		Phone #:	
Email:				Contact Person	
Date of Commencement:				Date of Termination:	
Do you have your FINAL PAY SLIP?			Do you have your PAYG Payment Summary?		
YES			NO		
YES			NO		

Employer Name (ie, Company/Business Name)

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(if you were employed/paid through an Employment Agency)

Job Title / Job Description.

Address of Employer (or Agency):

Street No.		Street Name			
Suburb					
State		Postcode		Phone #:	
Email:				Contact Person	
Date of Commencement:				Date of Termination:	
Do you have your FINAL PAY SLIP?			Do you have your 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 / Job Description.

Address of Employer (or Agency):

Street No.		Street Name			
Suburb					
State		Postcode		Phone #:	
Email:				Contact Person	
Date of Commencement:				Date of Termination:	
Do you have your FINAL PAY SLIP?			Do you have your 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 / Job Description.							
Address of Employer (or Agency):							
Street No.		Street Name					
Suburb							
State		Postcode		Phone #:			
Email:				Contact Person			
Date of Commencement:				Date of Termination:			
Do you have your FINAL PAY SLIP?				Do you have your 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 / Job Description.							
Address of Employer (or Agency):							
Street No.		Street Name					
Suburb							
State		Postcode		Phone #:			
Email:				Contact Person			
Date of Commencement:				Date of Termination:			
Do you have your FINAL PAY SLIP?				Do you have your 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 / Job Description.							
Address of Employer (or Agency):							
Street No.		Street Name					
Suburb							
State		Postcode		Phone #:			
Email:				Contact Person			
Date of Commencement:				Date of Termination:			
Do you have your FINAL PAY SLIP?				Do you have your 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 / Job Description.							
Address of Employer (or Agency):							
Street No.		Street Name					
Suburb							
State		Postcode		Phone #:			
Email:				Contact Person			
Date of Commencement:				Date of Termination:			
Do you have your FINAL PAY SLIP?				Do you have your 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

Work Related Expenses

Did you have a work uniform to work?

YES NO

Did you wear protective clothing (eg, Safety Boots) to work?

YES NO

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 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?

YES NO

Did you buy Tools for work?

YES NO

Please list your work-related expenses below. Please provide as much detail as possible.

Date of Expense <i>DD/MM/YYYY</i>	Type of Expense <i>Eg: Loose Tools</i>	\$ <i>\$110.00</i>	Do you have evidence (ie, receipt)? <i>YES</i>

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.**

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 30/06/2015.

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 30/06/2015, 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)

____/____/_____
(Date Signed)

Client Ref:

Income Tax Returns Pty Limited (ABN: 96 161 224 184)

Year Ended 30 June 2015

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,***

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I understand the fee to prepare my personal income tax refund is as follows:

- i. **9.9% of my refund to a maximum capped fee of AUD\$165.00 (inclusive of GST)**
- ii. **\$5 service fee per missing document/payment summary**
- iii. **If there is a requirement to transfer my refund to my overseas/foreign bank account, I understand there is an extra fee of \$35 for each transaction made.**

I also hereby authorise the accounting firm of **INCOME TAX RETURNS PTY LIMITED (TAX AGENT NO. 24629-963)** to deposit any money received on my behalf referable to my Taxation affairs (which includes, but not limited to any income tax refund cheques in my favour), into their client trust account as to the time in which fees mentioned above for their professional services are paid in full. I declare that I have supplied **INCOME TAX RETURNS PTY LIMITED (TAX AGENT NO. 24629-963)** my bank account details and agree for the above mentioned fee(s) to be deducted from any income tax refunds I am in receipt of, and have the balance credited to the bank account I have supplied under instruction.

I understand & agree to the above, and agree to sign this document in the space below.

(Signature)

____/____/_____
(Date Signed)

Client Ref:

Income Tax Returns Pty Limited (ABN: 96 161 224 184)

Year Ended 30 June 2015