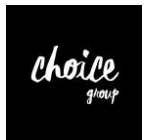


TAX EXPRESS DROP OFF



Job No. _____

If you're in a rush, try our drop off express tax service.

Are you an existing client? Yes No

Client Details

Full Name _____

Address _____

Suburb _____ State _____ Postcode _____

Email _____

Telephone _____ W/H ___ Mobile _____

Occupation _____

Do you have a spouse? ___ Yes ___ No If so, please detail.

Full Name _____

Date of Birth ___ / ___ / _____ DD/MM/YYYY

Number of Dependent Children _____

Do you have a Private Health? ___ Yes ___ No If yes, please provide supporting documents.

How did you hear about us? _____

Preferred Contact Details (if we have any queries)

Telephone Mobile Email SMS

Others _____

Additional Information for NEW CLIENTS

Tax File Number _____

Date of Birth ___ / ___ / _____ DD/MM/YYYY

Sex ___ M ___ F

Previous Accountant _____

Have you included a copy of last year's Tax Return? ___ Y ___ N

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INCOME

1. Salary and Wages

Number of PAYG Payment Summaries attached: _____

2. Employment Termination Payment (ETP)

Have you received any PAYG Payment Summaries for

Employment Termination Payments? If yes, please provide copies.

Yes No

3. Do you have government pensions or allowances such as newstart, youth allowance and austudy? If yes, please provide copies.

Yes No

4. Do you have interest income (money you received in your bank account)?

Yes No

For joint account, provide interest amounts for both parties.

Name of Bank	Account Number	Total Interest	TFN Withholding \$	Joint Account (if any)

5. Do you have dividends?

Yes No

6. Employee Share Acquisition Schemes

Have you received any Employee Share Scheme Statements for discounts on shares, rights or stapled securities acquired under an employee share scheme? If yes, please provide copies.

Yes No

7. Partnership and Trust Distributions

(Examples of trusts are BT funds, Merrill Lynch, AXA etc.).

Yes No

If yes, please provide a copy of the Annual Tax Statement for each Trust/Fund.

8. Have you carried on business during the year?

Yes No

If yes, please provide details of income and expenditure relating to your business activity on a separate schedule.

9. Rental Properties

Yes No

If yes, please complete attached rental schedule (one per property).

Number of rental properties: _____

10. Other Income: Did you receive any other income in the tax year that doesn't fit into the above categories (e.g. foreign income, forestry, annuities, superannuation income streams or lump sum payments)?

Yes No

If so, please provide details: _____

11. Did you receive any payments from income protection insurance?

Yes No

12. Are you on a 417 or 462 visa?

Yes No

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DEDUCTIONS

1. Work related car expenses
Did you use your car for work purposes during the year and incur unreimbursed expenses? Yes No
Number of business kms travelled (excluding commuting to and from work): _____
2. Other unreimbursed work related travel expenses
Public transport, including air travel and taxi fares Yes No \$ _____
Parking fees, road tolls and car hire Yes No \$ _____
Meals, accommodation and incidentals if away overnight Yes No \$ _____
Expenses for motorcycles and trucks Yes No \$ _____
Actual expenses incurred by you to travel in a car owned or leased by someone else Yes No \$ _____
3. Work related uniform, protective clothing and dry cleaning/laundry?
Please detail: _____
4. Work related self-education expense
Did you complete any self-education courses? Yes No
Will this course help you to obtain a formal qualification? Yes No
Student Union Fees \$ _____ Course Fees \$ _____
Travel \$ _____ Textbooks & Stationery \$ _____
Other _____
5. Other work related expenses
(Please provide the full expenditure – we will then apportion as necessary for business use %)
Union Dues & Professional Fees Yes No \$ _____
Subscriptions Yes No \$ _____
Home Study Expenses Yes No \$ _____ Business Use % _____
OR Hours/Week _____
Books Yes No \$ _____
Equipment and Tools of Trade (including date of purchase) Yes No \$ _____
Stationery Yes No \$ _____
Seminar and Course Fees (including travel expenses) Yes No \$ _____
Mobile Telephone Yes No \$ _____ Business Use % _____
Home Telephone Yes No \$ _____ Business Use % _____
Internet Yes No \$ _____ Business Use % _____
Computer and Software (including date of purchase) Yes No \$ _____ Business Use % _____
Other _____
6. Income protection/sickness & accident insurance Yes No \$ _____
Please supply Annual Statement from the Insurer.
7. Donations to registered charities: Please list below. Yes No
Charity: _____ Amount: \$ _____
Charity: _____ Amount: \$ _____
8. Internet deductions Yes No
If you have a loan used for income producing purposes, please provide documentation.
9. Dividend deductions Yes No
List expenses incurred in earning dividend income below:
Expenses: _____
10. Did you incur any costs of managing tax affairs? Yes No
Cost of preparation of prior year returns within the period 1 July 2016 to 30 June 2017 \$ _____
Cost of a financial planner paid within the period 1 July 2016 to 30 June 2017 \$ _____
Other _____ \$ _____

TAX EXPRESS DROP OFF



Client Declaration

I hereby declare all information is true and correct to the best of my knowledge and I understand my tax return will be completed from the information provided.

I hereby engage Choice Corporate T/As Choice Group Accounting Finance Wealth to prepare my taxation return and any other relevant supporting schedules in accordance with the appropriate standards. In consideration for this engagement, I authorise Choice Group to deduct their fees from their trust account, from either my refund or any other money paid owing to me into this account. Furthermore, I authorise that my details may be revealed in an audit of Choice Corporate Pty Ltd trust account and consent to my personal information being used as per Choice Group Privacy Policy.

Client's Authorised Signature

Please advise if you would like our fees to be deducted from your refund.

Deduct Fees

Pay on Day

Kindly provide your bank details for your refund to be paid to.

BSB _____

ACCOUNT _____

Office Use Only

Pre-Filling Report

Client Advised Ready

Bank Account

Deduct Authority

Payment Pre Lodgment

Job No. ____