TAX EXPRESS DROP OFF

Job No. ________

Client Declaration

Please note you are responsible for the reliability, accuracy and completeness of the accounting records, particulars and information provided and disclosure of all material and relevant information. You are required to arrange for reasonable access by us to relevant individuals and documents, and shall be responsible for both the completeness and accuracy of the information supplied to us. Any advice given to you is only an opinion based on our knowledge of your particular circumstances. You or your staff are responsible for maintaining and regularly balancing all books of accounts, and the maintenance of an adequate accounting and internal control system. You have obligations under self-assessment to keep full and proper records in order to facilitate the preparation of accurate returns. It is your responsibility to keep those records for five (5) years.

A taxpayer is responsible under self-assessment to keep full and proper records in order to facilitate the preparation of a correct return. Whilst the Commissioner of Taxation will accept claims made by a taxpayer in an income tax return and issue a notice of assessment, usually without adjustment, the return may be subject to later review. Under the taxation law such a review may take place within a period of up to four (4) years after tax becomes due and payable under the assessment. Furthermore, where there is fraud or evasion there is no time limit on amending the assessment. Accordingly, you should check the return before it is signed to ensure that the information in the return is accurate.

Furthermore 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 authorize 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 authorize 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 Authorized 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. ____

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 Spouse Income _$_____________

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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TAX EXPRESS DROP OFF

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 sump payments)? ☐ Yes ☐ No
    If so, please provide details: ____
11. Did you receive any payments from income protection insurance? ☐ Yes ☐ No

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? ☐ Yes ☐ No $_____
   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 2014 to 30 June 2015 $___________
    Cost of a financial planner paid within the period 1 July 2014 to 30 June 2015 $___________
    Other ____ $___________