Client Details Form - Individual Tax Return

Full Name		
Tax File Number		
Date of birth		
ABN (if applicable)		
Address		
Address (postal) (Put 'as above' if the same)		
Telephone contacts	Mobile:	
	Business Hours (wor	k):
	After Hours (home):	
Email		
Electronic banking Details	BSB:	
(for refund, if applicable)	Account Number:	
Occupation		
	Do you run your own	business as a sole trader?
	YES/NO	
	Do you run your own	business in a company, trust or partnership?
	YES/NO	
Spouse's full name		
(Please include married/	de facto/same-sex)	
Spouse's date of birth		
Spouse's TFN		
Approximate Income (if I	(nown)	

2025 Individual Tax Return Checklist

Income – Please provide evidence	Yes	No	Unsure
1. Salary or wages			
2. Allowances, earnings, tips, director's fees etc.			
3. Employer lump sum payments			
4. Employment termination payments			
5. Australian Government allowances and payments like Jobseeker, Youth Allowance and Austudy payments			
6. Australian Government pensions and allowances			
7. Australian annuities and superannuation income streams			
8. Australian superannuation lump sum payments			
9. Attributed personal services income			
10. Gross Interest			
11. Dividends			
12. Employee share schemes			
13. Distributions from partnerships and/or trusts			
14. Personal services income (PSI)			
15. Net income or loss from business (as a sole trader)			
16. Deferred non-commercial business losses			
17. Net farm management deposits or repayments			
18. Capital gains			
19. Foreign entities:			
Direct or indirect interests in a controlled foreign company			
Direct or indirect transfer of property or services to a non-resident trust			
20. Foreign source income (including foreign pensions) and foreign assets or property			
21. Rent			
22. Bonuses from life insurance companies or friendly societies			
23. Forestry managed investment scheme income			
24. Other income (please specify below)			

Deductions – Please provide evidence	Yes	No	Unsure
D1. Work-related car expenses			
- Cents per kilometre method (up to a maximum of 5,000 kms)			
- Logbook method			
Have any car expenses been reimbursed by your employer?			
D2. Work-related travel expenses			
Employee domestic travel with a reasonable travel allowance			
- If the claim is more than the reasonable travel allowance rate, do you have receipts for your expenses and travel records (for travel that is for six or more nights in a row)?			
Overseas travel with a reasonable travel allowance			
Do you have receipts for accommodation expenses?			
– If travel is for six or more nights in a row, do you have travel records (e.g., a travel diary)?			
Employee without a reasonable travel allowance			
Did you incur and have receipts for airfares?			
Did you incur and have receipts for accommodation?			
- Did you incur and have receipts for hire cars (if applicable)?			
Did you incur and have receipts for meals and incidental expenses?			
- Do you have any other travel expenses?			
Have any travel expenses been reimbursed by your employer?			
Other work-related travel expenses (e.g., a borrowed car, public transport)			
(Please specify)			

Deductions – Please provide evidence	Yes	No	Unsure
D3. Work-related clothing, laundry and dry cleaning expenses			
Protective clothing			
Occupation specific clothing			
Non-compulsory uniform			
Compulsory uniform			
Conventional clothing			
Laundry expenses (up to \$150 may be claimed without receipts)			
Dry cleaning expenses			
Other claims such as mending/repairs, etc. (please specify)			
Have any clothing, laundry and dry cleaning expenses been reimbursed by your employer?			
D4. Work-related self-education expenses			
Course taken at educational institution:			
- Student union fees			
- Course fees			
- Books, stationery			
- Travel			
- Others (please specify)			
Have any self-education expenses been reimbursed by your employer?			
D5. Other work-related expenses			
Home office expenses			
Computer and software			
Telephone/mobile phone			
Tools and equipment			
Subscriptions and union fees			
Journals/periodicals			

Deductions – Please provide evidence	Yes	No	Unsure
D5. Other work-related expenses (continued)			
Depreciation			
Sun and other protection products (e.g., sunscreen, sunglasses, facemasks)			
Seminars and courses not at an educational institution			
Any other work-related deductions (please specify)			
Have any other work-related expenses been reimbursed by your employer?			
Other types of deductions			
D6. Low value pool deduction			
D7. Interest deductions			
D8. Dividend deductions			
D9. Gifts or donations			
 D10. Cost of managing tax affairs Interest charged by the ATO (e.g., including SIC and GIC) Litigation costs Other expenses incurred in managing tax affairs 			
D11. Deductible amount of undeducted purchase price of a foreign pension or annuity			
D12. Personal superannuation contributions			
Full name of fund: Account no Fund ABN: Fund TFN:	ımber:		
– Have you provided the fund a notice of intention to deduct the contribution?			
Has this notice been acknowledged by the fund?			
D13. Deduction for project pool			
D14. Forestry managed investment scheme deduction			
D15. Other deductions (please specify)			
Have any amounts at D6 to D15 been reimbursed by your employer?			
L1. Tax losses of earlier income years			

Tax offsets/rebates – Please provide evidence	Yes	No	Unsure
T1. Are you a senior Australian or a pensioner?			
T2. Did you receive an Australian superannuation income stream?			
T3. Did you make superannuation contributions on behalf of your spouse?			
T4. Did you live in a remote area of Australia, or serve overseas with the Australian defence force or the UN armed force in the 2025 income year?			
T5. Did you maintain a dependant who is unable to work due to invalidity or carer obligations in the 2025 income year?			
T6. Are you entitled to claim the landcare and water facility tax offset?			
T7. Are you involved in an early stage venture capital limited partnership?			
T8. Are you an early stage investor in an early stage innovation company?			
T9. Are you entitled to any refundable tax offsets?			

01	her relevant information – Please provide evidence	Yes	No	Unsure
A.	Are you entitled to the Medicare levy exemption or reduction in the 2025 income year?			
(If y	ves, please specify)			
B.	Did you and your spouse/dependants have private health insurance in the 2025 income year?			
(If y	ves, please provide the annual statement received from your health fund)			
C.	Were you under the age of 18 on 30 June 2025?			
D.	Did you become an Australian tax resident at any time during the income year?			
E.	Did you cease to be an Australian tax resident at any time during the income year?			
F.	Did you make a non-deductible (i.e., non-concessional) personal super contribution?			
G.	Do you have a HELP liability, VET Student Loan, Student Financial Supplement Loan, Student or ABSTUDY Start-up Loan, or Trade Support Loan?			
Н.	Are you a working holiday maker in Australia on a 417 (working holiday) visa, a 462 (work and holiday) visa, a 408 (temporary activity) visa or a bridging visa relating to application of a 417 or 462 visa?			
	What is your 'home country' (e.g., where you are a national)?			
	Country name:			
	Country name:			

Ot	her relevant information – Please provide evidence	Yes	No	Unsure
	If you are a working holiday maker – do you believe you are an Australian tax resident for the 2025 income year?			
I.	Did a trust or company distribute income to you in respect of which Family Trust Distribution Tax (FTDT) was paid by the trust or company?			
J.	Do you have a loan with a private company at 30 June 2025 or has such a loan amount been forgiven in the 2025 income year? Has a private company made a payment to you in the 2025 income year (other than a dividend)? If yes, please specify.			
K.	Did you receive any benefit from an employee share acquisition scheme?			
L.	Family Tax Benefit ('FTB'):			
_	Did you have care of a dependent child in the 2025 income year?			
_	Did you or your spouse receive FTB through Services Australia in the 2025 income year?			

Other relevant information – Please provide evidence	Yes	No	Unsure
Income tests information in the 2025 income year			
Did you have any reportable fringe benefits amounts?			
Did you have any reportable employer superannuation contributions?			
Did you receive any tax-free government pensions?			
Did you receive any target foreign income?			
Did you have a net financial investment loss?			
Did you have a net rental property loss?			
Did you pay child support?			
Number of dependent children?			
Spouse details (if applicable) for the 2025 income year			

Other relevant information	on – Please provide evidenc	e Yes	No	Unsure
2025? If you had a spouse fo	full year from 1 July <mark>2024</mark> to 30 June or only part of the income year, please ly <mark>2024</mark> to 30 June <mark>2025</mark> when you had	•		
From//	to/			
 What was your spouse's taxab 	ole income?			
\$				
	are of trust income on which the trusto 98 that has not been included in yo			
	oute income to your spouse in respect tax was paid by the trust or company?			
Did your spouse have any rep	portable fringe benefits amounts?			
Did your spouse receive ar allowances (not including exe	y Australian Government pensions mpt pension income)?	or		
 Did your spouse receive any 	exempt pension income?			
 Did your spouse receive any t the Military Rehabilitation and 	ax-free government pensions paid und I Compensation Act 2004?	er		
	y reportable employer superannuations?	on		
 Did your spouse receive any 	target foreign income'?			
 Did your spouse have a total financial investment loss and 	net investment loss (i.e., the total of a a rental property loss)?	ny		
– Did your spouse pay child su	pport?			
Additional notes/concerns:				

Other relevant information – Please provide evidence	Yes	No	Unsure
Dated:			
Signature of taxpayer			
Name (print)			