



INDIVIDUAL TAX RETURN CLIENT INFORMATION FORM

Please email or post this form back to our office **PRIOR** to your appointment:

TO: The Garis Group **EMAIL:** reception@garis.com.au **POST:** PO Box 72, Hamilton NSW 2303

Client Name:			
Date of Birth:		Tax File Number	
INFORMATION FOR 2018 TAX RETURN (1 July 2017 to 30 June 2018)			
Children's Details:	Full Name:	Date of Birth:	
PAYG PAYMENT SUMMARIES (Please Attach, Fax or Email All Payment Summaries)			
Employer:	Occupation:	Gross:	Tax:
		\$	\$
		\$	\$
BANK INTEREST			
Bank:	Amount:	TFN Credits:	Bank Charges:
	\$		
	\$		
WORK & OTHER EXPENSES (Please Attach, Fax or Email Detailed Listing)			
Motor Vehicle Type:		Reference Books:	\$
Engine Size (litres):		Stationery:	\$
Work Kilometres:		Mobile Phone:	\$
Taxi Fares:	\$	Internet:	\$
Other Travel:	\$	Memberships:	\$
Uniform/Laundry:	\$	Tools & Equipment:	\$
Sun Protection Items:	\$	Interest expenses:	\$
Self-Education:	\$	Gifts & Donations:	\$
Union Fees:	\$	Income Protection Insurance:	\$
Seminars/Prof Development:	\$	Other Expenses:	Please Attach Details
PRIVATE HEALTH INSURANCE			
Do you have Private Health Insurance?	<input type="checkbox"/> Yes – Please provide Private Health Statement <input type="checkbox"/> No		
Did you have any Out of Pocket Medical Expenses?	<input type="checkbox"/> Yes – Please provide details ONLY IF you made a claim in your 2016 & 2017 tax returns, unless they relate to disability aids, attendant/aged care <input type="checkbox"/> No		

If you require any further worksheets for your Income Tax Return, please visit www.garis.com.au/resources.