Please e-mail or fax this form back to our office **PRIOR** to your appointment, or bring it along to your appointment.

**TO:** McMahon Osborne Group **FAX:** 03 9744 6577

**ATTENTION:**   **E-MAIL: admin@mcmahonosborne.com.au**

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| **CLIENT NAME:** |  | **CLIENT SIGNATURE:** |  |
| **CLIENT CODE:** |  | **Proof of Identity:** |  |

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| **INFORMATION FOR 2017 TAX RETURN** (1 July 2016 to 30 June 2017) | | | | | | | | | | | | | | | | |
| **Name:** |  | | | | | | | **Spouse Name:** | | | |  | | | | |
| **DOB:** |  | | | | | | | **Spouse DOB:** | | | |  | | | | |
| **Residential Address:** |  | | | | | | | **Postal Address:** | | | |  | | | | |
|  | | | | | | |  | | | | |
| **TFN:** |  | | | | | **Email:** | |  | | | | | | | | |
| **Phone:** | **W** |  | | | | **H** | |  | | | | **M** |  | | | |
| **CHILDREN** | | | | | | | | | | | | | | | | |
| **Name:** |  | | | | | | | **Name:** | |  | | | | | | |
| **DOB:** |  | | | | | | | **DOB:** | |  | | | | | | |
| **Student:** | **Y / N** | | | | | | | **Student:** | | **Y / N** | | | | | | |
| **Income:** |  | | | | | | | **Income:** | |  | | | | | | |
| **Name:** |  | | | | | | | **Name:** | |  | | | | | | |
| **DOB:** |  | | | | | | | **DOB:** | |  | | | | | | |
| **Student:** | **Y / N** | | | | | | | **Student:** | | **Y / N** | | | | | | |
| **Income:** |  | | | | | | | **Income:** | |  | | | | | | |
| **PAYG PAYMENT SUMMARIES** (Please Attach, Fax or Email All Summaries) | | | | | | | | | | | | | | | | |
| **Employer:** | | | | | | | | **Occupation:** | | | | | | | | |
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| **BANK INTEREST** | | | | | | | | | | | | | | | | |
| **Bank:** | | | | | **Amount:** | | | | **TFN Credits:** | | | | | | **Bank Charges:** | |
|  | | | | | **$** | | | |  | | | | | | **$** | |
|  | | | | | **$** | | | |  | | | | | | **$** | |
|  | | | | | **$** | | | |  | | | | | | **$** | |
| **DIVIDENDS** | | | | | | | | | | | | | | | | |
| **Company:** | | | | | **Number of Shares:** | | | | **Holder Number:** | | | | | | **Dividends:** | |
|  | | | | |  | | | |  | | | | | |  | |
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| **OTHER INVESTMENTS** | | | | | | | | | | | | | | | | |
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| **WORK & OTHER EXPENSES** (Please Attach, Fax or Email Detailed Listing) | | | | | | | | | | | | | | | | |
| **Motor Vehicle Type:** | | | |  | | | | **Reference Books:** | | | | | | **$** | | |
| **Engine Size (litres):** | | | |  | | | | **Stationery:** | | | | | | **$** | | |
| **Work Kilometres:** | | | |  | | | | **Mobile Phone: Bus %** | | | | | | **$** | | |
| **Taxi Fares:** | | | | **$** | | | | **Internet: Bus %** | | | | | | **$** | | |
| **Other Travel:** | | | | **$** | | | | **Memberships:** | | | | | | **$** | | |
| **Uniform/Laundry:** | | | | **$** | | | | **Tools & Equipment:** | | | | | | **$** | | |
| **Sun Protection Items:** | | | | **$** | | | | **Investment expenses:** | | | | | | **$** | | |
| **Self-Education:** | | | | **$** | | | | **Donations:** | | | | | | **$** | | |
| **Union Fees:** | | | | **$** | | | | **Income Protection Insurance:** | | | | | | **$** | | |
| **Seminars/Prof Development:** | | | | **$** | | | | **Other Expenses:** | | | | | | **Please Attach Details** | | |
| **PRIVATE HEALTH INSURANCE** | | | | | | | | | | | | | | | | |
| **Fund Name:** | | |  | | | | | **Type of Cover:** | | |  | | | | | |
| **Membership No:** | | |  | | | | | **Days Covered:** | | |  | | | | **Excess:** |  |
| **Please provide Private Health Insurance Statement and Details of Family Members covered by policy.** | | | | | | | | | | | | | | | | |
| **Rebate Claimed?** | | | Yes No | | | | **Out-of-pocket Medical Expenses:** | | | | | | | | **$** | |
| **DO YOU HAVE ANY OF THESE ITEMS?**  **(If so, then please download additional forms from** [**www.mcmahonosborne.com.au**](http://www.mcmahonosborne.com.au) **)** | | | | | | | | Investment Income Rental Properties Investments Sold Motor Vehicles used for Work | | | | | | | | |

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| **BANK DETAILS** (As of 1 July 2013, if you are expecting a refund, you **MUST** provide the ATO your EFT Bank Details) | | | |
| **Account Name:** |  | **Bank Name:** |  |
| **BSB:** |  | **Account No.:** |  |

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| **PLEASE ENSURE YOU BRING TO YOUR APPOINTMENT, ALL RECEIPTS, LETTERS, STATEMENTS AND/OR LOGBOOKS FOR ANY OF THE ABOVE ITEMS YOU ARE CLAIMING** |