

Your Name: \_\_\_\_\_

Your Signature

## Tax Return Information

Please upload this form with any supporting information required **PRIOR** to your appointment. To upload your documents, save this form and other information and click upload below which will take you to our secure upload section on our website.

1. Please **complete / confirm** your details below to the best of your knowledge
2. All information supplied should be for tax based on the **financial period 1 July to 30 June** unless stated otherwise
3. **Provide all supporting documents** where prompted and applicable.
4. **Sign** where indicated, **Save** and **upload** to our office.
5. Once uploaded we will review and book your end of financial year appointment with us.

### GENERAL TAX INFORMATION

Name \_\_\_\_\_ D.O.B \_\_\_\_\_ TFN \_\_\_\_\_

Spouse \_\_\_\_\_ D.O.B \_\_\_\_\_ TFN \_\_\_\_\_

Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email	Phone	Mobile
_____	_____	_____

### BANK DETAILS (If you are expecting a refund, you MUST provide the ATO your EFT Bank Details)

Bank Name	Account Name	BSB	Account Number
_____	_____	_____	_____

### CHILDREN (If Dependant)

Name	DOB	Name	DOB
_____	_____	_____	_____
Name	DOB	Name	DOB
_____	_____	_____	_____

### INCOME STATEMENTS / PAYG PAYMENT SUMMARIES

(please attach all documents to the back of the form). (If your employer is registered for STP (Single Touch Payroll) you will not receive a payment summary and you can access your income amounts via your myGov account which also goes straight to the ATO where we can get access)

Employer	Occupation	Gross	Tax
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____



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## BANK INTEREST

Bank	Amount	TFN Credits	Bank Charges
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

## WORK & OTHER DEDUCTIONS (please attach your detailed listing to the back of the form)

Taxi Fares	\$ _____	Reference Books	\$ _____
Other Travel	\$ _____	Stationery	\$ _____
Uniform / Laundry	\$ _____	Mobile Phone	\$ _____
Sun Protection Items	\$ _____	Internet	\$ _____
Self-Education	\$ _____	Memberships	\$ _____
Union Fees	\$ _____	Tools & Equipment	\$ _____
Seminars / Prof Development	\$ _____	Interest Expenses	\$ _____
Gifts & Donations	\$ _____	Income Protection Insurance	\$ _____
Other Expenses	\$ _____	(please include in detailed listing)	
Home Office Claim – COVID19			

## PRIVATE HEALTH INSURANCE

Do you have private health insurance?

Y ☐ N ☐

**YES** - please provide your Private Health Statement (Your Private Health Insurer may not supply you with a summary statement in 2020)

Do you have any of these items?

Investment Income, Rental Properties, Investments Sold or Motor Vehicles used for Work

Y ☐ N ☐

**YES** - please complete relevant additional forms

**NO** - please complete form and send to Excel Financial Advisors.