

## Individual Tax Return

# Tax Return Information Form

Please e-mail this form back to our office once completed:

TO: IGnite Accounting  
E-MAIL: [ignite@emailmyjob.com](mailto:ignite@emailmyjob.com)

CLIENT :	<input type="checkbox"/> New	<input type="checkbox"/> Existing	CLIENT SIGNATURE:	N/A
<b>TAX RETURN INFORMATION (1 July to 30 June)</b>				
Title:			Title:	
First Name:		Last Name:	Spouse Name:	
DOB:			Spouse DOB:	
Residential Address:			Postal Address:	
TFN:			Email:	
Phone:	W		H	M
<b>BANK DETAILS (if you are expecting a refund, you MUST provide the ATO your EFT Bank Details)</b>				
Account Name:			Bank Name:	
BSB:			Account No.:	
<b>CHILDREN</b>				
Name:			Name:	
DOB:			DOB:	
Name:			Name:	
DOB:			DOB:	
<b>PAYG PAYMENT SUMMARIES (Please Email All Payment Summaries)</b>				
Employer:	Occupation:		Gross:	Tax:
			\$	\$
			\$	\$
<b>BANK INTEREST</b>				
Bank:	Amount:		TFN Credits:	Bank Charges:
	\$			
	\$			
<b>WORK &amp; OTHER EXPENSES (If asked to provide details, please attach when returned)</b>				
Motor Vehicle Type:		Reference Books:	\$	
Engine Size (litres):		Stationery:	\$	
Work Kilometres (See Note 1):		Mobile Phone: (Bus%= %)	\$	Tot Year
Taxi Fares:	\$	Internet & Home Tel: (Bus%= %)	\$	Tot Year
Other work related travels: (e.g. Tolls& Parking)	\$	Memberships:	\$	
Uniform/Laundry (See Note 3):	\$	Tools & Equipment:	\$	
Sun Protection Items:	\$	Interest expenses:	\$	
Self-Education:	\$	Gifts & Donations:	\$	
Name of the Course and institution:	Name & ABN of institution for Donations:			
• \$	• \$			
• \$	• \$			
• \$	• \$			

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Union Fees:	\$	Income Protection Insurance:	\$
Seminars/Prof Development:	\$	Other Expenses:	Please Attach Details
Home office Rent (Bus%= %) (See Note 2)	\$	Home Office Running:	hrs/wk
Overtime Meal Allowances (See Note 4)	\$		

Note 1: (Reason for work related MV usage) Do you carry heavy items, drive to clients, between work sites?

Note 2: (Working from home) Employer mandates you work from home, provide details of arrangement?

Note 3: (Laundry and Dry Cleaning) Do you launder or dry clean your work-related clothing/uniform? Do you wash these clothes separately or combined with other clothing?

Note 4: Receiving overtime meals? Have an allowance provided for under an award, employment contract, allowance show on payslip? Provide details.

Do you have a Logbook for Motor Vehicle?	<input type="checkbox"/> Yes – Please provide a copy <input type="checkbox"/> No
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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 – Deduction only relates to disability aids, attendant/aged Care. All other medical costs are ineligible. <input type="checkbox"/> No

DO YOU HAVE ANY OF THESE ITEMS? (If so, then please download additional forms from <a href="http://www.ignitefs.com.au">www.ignitefs.com.au</a> )	<input type="checkbox"/> Investment Income <input type="checkbox"/> Investments Sold	<input type="checkbox"/> Rental Properties <input type="checkbox"/> Motor Vehicles used for Work
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To assist with providing details, please refer to the excel template located at:  
[Supporting Details Template](#)