



## Client Details Form 2020 Individual Income Tax Return

|  |  |
|--|--|
| <b>Full Name</b>   | .....  |
| <b>Tax File Number</b>   | -----  |
| <b>Date of birth</b>   | ___/___/___  |
| <b>ABN (if applicable)</b>   |  |
| <b>Address</b>   |  |
| <b>Address (postal)</b><br><small>(Put 'as above' if the same)</small>                 |  |
| <b>Telephone contacts</b>  | <b>Mobile:</b>   |
|  | <b>Business Hours (work) :</b>   |
|  | <b>After Hours (home):</b>   |
| <b>Email</b>   | .....@.....  |
| <b>Electronic banking</b><br><small>(for refund if applicable)</small>                 | <b>BSB:</b> -----  |
|  | <b>Account Number:</b> .....   |
| <b>Occupation</b>  | .....  |
|  | .....  |
|  | Do you run your own business as a sole trader? <span style="float: right;">YES/NO</span><br>.....<br>Do you run your own business in a company, trust or partnership?<br>..... <span style="float: right;">YES/NO</span> |
| <b>Spouse's full name</b><br><small>(Please include married/de facto/same-sex)</small> |  |
| <b>Spouse's date of birth</b>  |  |
| <b>Spouse's TFN</b>  |  |
| <b>Approximate Income (if known)</b>   |  |



| Income – Please provide evidence   |   |               | Yes          | No | Unsure |
|--|---|---------------|--------------|----|--------|
| Salary or wages  |   |               |              |    |        |
| Please provide all PAYG Payment Summaries or Income Statements (available via MyGov (where employers are using Single Touch Payroll) from 31/7) applicable to the 2020 income year. Where you have not been provided with either an employment income statement or PAYG Payment Summary, please provide details below: |   |               |              |    |        |
| Payer's ABN  |   | Gross Payment | Tax Withheld |    |        |
| A  |   |               |              |    |        |
| B  |   |               |              |    |        |
| 1.   | Allowances, earnings, tips, director's fees etc.  |               |              |    |        |
| 2.   | Employer lump sum payments  |               |              |    |        |
| 3.   | Employment termination payments   |               |              |    |        |
| 4.   | Australian Government allowances and payments like Newstart, Youth Allowance and Austudy payments |               |              |    |        |
| 5.   | Australian Government pensions and allowances   |               |              |    |        |
| 6.   | Australian annuities and superannuation income streams  |               |              |    |        |
| 7.   | Australian superannuation lump sum payments   |               |              |    |        |
| 8.   | Attributed personal services income   |               |              |    |        |
| 9.   | Gross Interest  |               |              |    |        |
|  | Bank Account # Amount   |               |              |    | Joint? |
|  | a) .....  |               |              |    | .....  |
|  | b) .....  |               |              |    | .....  |
|  | c) .....  |               |              |    | .....  |
| 10.  | Dividends   |               |              |    |        |
| 11.  | Employee share schemes  |               |              |    |        |
| 12.  | Distributions from partnerships and/or trusts   |               |              |    |        |
| 13.  | Personal services income (PSI)  |               |              |    |        |
| 14.  | Net income or loss from business (as a sole trader)   |               |              |    |        |
| 15.  | Deferred non-commercial business losses   |               |              |    |        |
| 16.  | Net farm management deposits or repayments  |               |              |    |        |
| 17.  | Capital gains   |               |              |    |        |
| 18.  | Foreign entities:   |               |              |    |        |
|  | - Direct or indirect interests in a controlled foreign company                                    |               |              |    |        |
|  | - Transfer of property or services to a non-resident trust  |               |              |    |        |
| 19.  | Foreign source income (including foreign pensions) and foreign assets or property                 |               |              |    |        |
| 20.  | Rent (provide documentation)  |               |              |    |        |
|  | - Do you have one or more rental properties?  |               |              |    |        |
|  | - Did you buy or sell any property during the income year?  |               |              |    |        |
| 21.  | Bonuses from life insurance companies or friendly societies                                       |               |              |    |        |
| 22.  | Forestry managed investment scheme income   |               |              |    |        |
| 23.  | 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)   |     |    |        |
| • Log book method   |     |    |        |
| D2. Work related travel expenses  |     |    |        |
| <b>Employee domestic travel with a reasonable travel allowance</b>  |     |    |        |
| • If the claim is more than the reasonable travel allowance rate, do you have receipts for your expenses? |     |    |        |
| <b>Overseas travel with a reasonable travel allowance</b>   |     |    |        |
| • Do you have receipts for accommodation expenses?  |     |    |        |
| • If travel is for 6 or more nights in a row, do you have travel records (e.g. a travel diary)?           |     |    |        |
| <b>Employee travel without a reasonable travel allowance</b>  |     |    |        |
| • 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 airfares?   |     |    |        |
| • Did you incur and have receipts for meals and incidental expenses?                                      |     |    |        |
| • Do you have any other travel expenses?  |     |    |        |
| Other work-related travel expenses (e.g. a borrowed car, public transport)                                |     |    |        |
| <i>(Please Specify)</i>   |     |    |        |
|   |     |    |        |
|   |     |    |        |
|   |     |    |        |
|   |     |    |        |
|   |     |    |        |
| D3. Work-related uniform and other clothing expenses  |     |    |        |
| • Protective Clothing   |     |    |        |
| • Occupation Specific Clothing  |     |    |        |
| • Non-compulsory uniform  |     |    |        |
| • Compulsory uniform  |     |    |        |
| • Conventional clothing   |     |    |        |
| • Laundry expenses (up to \$150 without receipts)   |     |    |        |
| • Dry cleaning expenses   |     |    |        |
| • Other claims such as mending/repairs, etc. (please specify)   |     |    |        |
|   |     |    |        |
|   |     |    |        |



| Deductions (Continued) – Please provide evidence                                    | Yes | No | Unsure |
|---|-----|----|--------|
| D4. Work related self-education expenses  |     |    |        |
| <b>Course taken at educational institution:</b>                                     |     |    |        |
| • Union fees  |     |    |        |
| • Course fees   |     |    |        |
| • Books, stationery   |     |    |        |
| • Travel  |     |    |        |
| • Other (Please specify)  |     |    |        |
| D5. Other Work-related expenses   |     |    |        |
| • Home Office Expenses  |     |    |        |
| • Computer and software   |     |    |        |
| • Telephone/mobile phone  |     |    |        |
| • Tools and equipment   |     |    |        |
| • Subscriptions and union fees  |     |    |        |
| • Journals or periodicals   |     |    |        |
| • Depreciation  |     |    |        |
| • Sun protection products (i.e. sunscreen and sunglasses)                           |     |    |        |
| • Seminars and courses not at an educational institution                            |     |    |        |
| • Any other work-related deductions (please specify)                                |     |    |        |
| 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)                          |     |    |        |
| • Tax Agent/accounting fees   |     |    |        |
| • Litigation costs  |     |    |        |
| • Other expenses incurred in managing tax affairs                                   |     |    |        |
| D11. Deductible amount of undeducted purchase price of a foreign pension or annuity |     |    |        |



| Deductions (Continued) – Please provide evidence   |                       | Yes | No | Unsure |
|--|-----------------------|-----|----|--------|
| D12. Personal superannuation contributions   |                       |     |    |        |
| Full name of fund _____  | Account Number: _____ |     |    |        |
| Fund ABN: _____  | Fund TFN: _____       |     |    |        |
| <ul style="list-style-type: none"> <li>Have you provided the fund a notice of intention to deduct the contribution?</li> </ul> |                       |     |    |        |
| <ul style="list-style-type: none"> <li>Has this notice been acknowledged by the fund?</li> </ul>                               |                       |     |    |        |
| Other types of deductions (continued)  |                       |     |    |        |
| D13. Deduction for project pool  |                       |     |    |        |
| D14. Forestry managed investment scheme deduction  |                       |     |    |        |
| D15. Other deductions (please specify)   |                       |     |    |        |
|  |                       |     |    |        |
|  |                       |     |    |        |
| L1. Tax losses of earlier income years   |                       |     |    |        |
|  |                       |     |    |        |

| Tax offsets/rebates – Please provide evidence  |  | Yes | No | Unsure |
|--|--|-----|----|--------|
| T1. Are you a senior Australian or 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 forces in the 2020 income year? |  |     |    |        |
| T5. Did you have net medical expenses for disability aids, attendant care or aged care in the 2020 income year?                                    |  |     |    |        |
| T6. Did you maintain a dependant who is unable to work due to invalidity or carer obligations in the 2020 income year?                             |  |     |    |        |
| T7. Are you entitled to claim the landcare and water facility tax offset?  |  |     |    |        |
| T8. Are you involved in an early stage venture capital limited partnership?  |  |     |    |        |
| T9. Are you an early stage investor in an early stage innovation company?  |  |     |    |        |
| T10. Are you entitled to any other non-refundable tax offsets? (Please specify below)  |  |     |    |        |
| T11. Are you entitled to any other refundable tax offsets? (Please specify below)  |  |     |    |        |
|  |  |     |    |        |
|  |  |     |    |        |
|  |  |     |    |        |
|  |  |     |    |        |



| Other relevant information – Please provide evidence   | Yes | No | Unsure |
|--|-----|----|--------|
| A. Are you entitled to the Medicare levy exemption or reduction in the 2020 income year?   |     |    |        |
| If yes, please specify: _____  |     |    |        |
| B. Did you and your spouse/dependants have private health insurance in the 2020 income year?<br><i>(If yes, please provide the annual statement received from your health fund)</i>  |     |    |        |
| C. Were you under 18 years old on 30 June 2020?  |     |    |        |
| 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 (non-concessional) personal super contribution?   |     |    |        |
| G. Do you have a HELP liability, Student Financial Supplement Loan debt, Student Start-Up Load debt or Trade Support Loan debt?  |     |    |        |
| H. Are you a working holiday maker in Australia on a 417 (working holiday) visa or 462 working holiday visa?   |     |    |        |
| 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? <i>(Please specify below)</i>  |     |    |        |
| J. Do you have a loan with a private company at 30 June 2020 or has such a loan amount been forgiven in the 2020 income year? Has a private company made a payment to you in the 2020 income year (other than a dividend)? <i>(Please specify below)</i> |     |    |        |
|  |     |    |        |
|  |     |    |        |
| 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 2020 income year?  |     |    |        |
| • Did you or your spouse receive FTB through the Department of Human Services in the 2020 income year?   |     |    |        |
| Income Tests information   |     |    |        |
| • Do you have any reportable fringe benefits amounts in the 2020 income year?  |     |    |        |
| • Do you have any reportable employer superannuation contributions in the 2020 income year?  |     |    |        |
| • Did you receive any tax-free government pensions in the 2020 income year?  |     |    |        |
| • Did you receive any target foreign income in the 2020 income year?   |     |    |        |
| • Did you have a net financial investment loss in the 2020 income year?  |     |    |        |
| • Did you have a net rental property loss in the 2020 income year?   |     |    |        |
| • Did you pay child support in the 2020 income year?   |     |    |        |
| • Number of dependent children?  |     |    |        |



| Other relevant information – Please provide evidence   |                    | Yes      | No | Unsure |
|--|--------------------|----------|----|--------|
| Spouse Details (if applicable)   |                    |          |    |        |
| <ul style="list-style-type: none"> <li>Did you have a spouse for the full year from 1 July 2019 to 30 June 2020? If you had a spouse for only part of the income year, please specify the dates between 1 July 2019 to 30 June 2020 when you had a spouse?<br/>                     From ____ / ____ / _____ to ____ / ____ / _____</li> </ul> |                    |          |    |        |
| <ul style="list-style-type: none"> <li>What was your spouse’s taxable income for the 2020 income year?</li> </ul>  |                    | \$ ..... |    |        |
| <ul style="list-style-type: none"> <li>Does your spouse have a share of trust income on which the trustee is assessed under Section 98 that has not been included in your spouse’s taxable income?</li> </ul>  |                    |          |    |        |
| <ul style="list-style-type: none"> <li>Did a trust or company distribute income to your spouse in respect of which family trust distribution tax was paid by the trust or company for the 2020 income year?</li> </ul>   |                    |          |    |        |
| <ul style="list-style-type: none"> <li>Did your spouse have any reportable fringe benefits amounts for the 2020 income year?</li> </ul>  |                    |          |    |        |
| <ul style="list-style-type: none"> <li>Did your spouse receive any Australian Government pensions or allowances (not including exempt pension income) in the 2020 income year?</li> </ul>  |                    |          |    |        |
| <ul style="list-style-type: none"> <li>Did your spouse receive any exempt pension income in the 2020 income year?</li> </ul>   |                    |          |    |        |
| <ul style="list-style-type: none"> <li>Did your spouse receive any tax-free government pensions paid under the <i>Military Rehabilitation and Compensation Act 2004</i>?</li> </ul>  |                    |          |    |        |
| <ul style="list-style-type: none"> <li>Does your spouse have any reportable employer superannuation contributions or deductible personal superannuation contributions for the 2020 income year?</li> </ul>   |                    |          |    |        |
| <ul style="list-style-type: none"> <li>Did your spouse receive any ‘target foreign income’ in the 2020 income year?</li> </ul>   |                    |          |    |        |
| <ul style="list-style-type: none"> <li>Did your spouse have a total net investment loss (i.e., the total of any financial investment loss and a rental property loss) for the 2020 income year?</li> </ul>   |                    |          |    |        |
| <ul style="list-style-type: none"> <li>Did your spouse pay child support during the 2020 income year?</li> </ul>   |                    |          |    |        |
| <ul style="list-style-type: none"> <li>If your spouse is aged between their preservation age and 59 years old, did they receive a superannuation lump sum (other than a death benefit) during the 2020 income year that included a taxed element that does not exceed their low rate cap?</li> </ul>   |                    |          |    |        |
| Additional notes/concerns:   |                    |          |    |        |
|  |                    |          |    |        |
|  |                    |          |    |        |
|  |                    |          |    |        |
|  |                    |          |    |        |
|  |                    |          |    |        |
|  |                    |          |    |        |
|  |                    |          |    |        |
|  |                    |          |    |        |
|  |                    |          |    |        |
| Dated:   | ____ / ____ / ____ |          |    |        |
| Signature of taxpayer:   |                    |          |    |        |
| Name (Print)   |                    |          |    |        |

**Address:** Level 1, 963 Main Road  
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