Address: Level 1, 963 Main Road
(PO Box 588),
Eltham VIC 3095

BHT PARTNERS
FORWARD THINKING ACCOUNTANTS

Ph: (03) 9431 3000
Web: www.bhtpartners.com.au
Email: bhtppl@bhtpartners.com.au

Client Details Form
2017 Individual Income Tax Return

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

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Income – Please provide evidence	Yes	No	Unsure
1. Salary or wages			
2. Allowances, earnings, tips, director's fees etc.			
3. Employer lump sum payments			
4. Employment termination payments			
5. Australian Government allowances and payments like Newstart, Youth Allowance and Austudy payments			
6. Australian Government pensions and allowances			
7. Australian annuities and superannuation income streams			
8. Australian superannuation lump sum payments			
9. Attributed personal services income			
10. Gross Interest			
11. Dividends			
12. Employee share schemes			
13. Distributions from partnerships and/or trusts			
14. Personal services income (PSI)			
15. Net income or loss from business (as a sole trader)			
16. Deferred non-commercial business losses			
17. Net farm management deposits or repayments			
18. Capital gains			
19. Foreign entities: – Direct or indirect interests in a controlled foreign company – Transfer of property or services to a non-resident trust			
20. Foreign source income (including foreign pensions) and foreign assets or property			
21. Rent			
22. Bonuses from life insurance companies or friendly societies			
23. Forestry managed investment scheme income			
24. Other income (please specify below)			

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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			
Employee domestic travel with a reasonable travel allowance			
• If the claim is more than the reasonable travel allowance rate, do you have receipts for your expenses?			
Overseas travel with a reasonable travel allowance			
• 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)?			
Employee travel without a reasonable travel allowance			
• 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)			
(Please Specify)			
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)			

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Deductions (Continued) – Please provide evidence	Yes	No	Unsure
D4. Work related self-education expenses			
Course taken at educational institution:			
• 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			
D11. Deductible amount of undeducted purchase price of a foreign pension or annuity			
D12. Personal superannuation contributions			
Full name of fund _____	Account Number: _____		
Fund ABN: _____	Fund TFN: _____		
• Do you pass the 10% test?			
• Have you provided the fund a notice of intention to deduct the contribution?			
• Has this notice been acknowledged by the fund?			

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Deductions (Continued) – Please provide evidence	Yes	No	Unsure
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 2017 income year?			
T5. Did you have net medical expenses for disability aids, attendant care or aged care in the 2017 income year?			
T6. Did you maintain a dependant who is unable to work due to invalidity or carer obligations in the 2017 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)			

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Other relevant information – Please provide evidence	Yes	No	Unsure
A. Are you entitled to the Medicare levy exemption or reduction in the 2017 income year?			
If yes, please specify: _____			
B. Did you and your spouse/dependants have private health insurance in the 2017 income year? *(If yes, please provide the annual statement received from your health fund)*			
C. Were you under 18 years old on 30 June 2017?			
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? *(Please specify below)*			
J. Do you have a loan with a private company at 30 June 2017 or has such a loan amount been forgiven in the 2017 income year? Has a private company made a payment to you in the 2017 income year (other than a dividend)? *(Please specify below)*			
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 2017 income year?			
• Did you or your spouse receive FTB through the Department of Human Services in the 2017 income year?			
Income Tests information			
• Do you have any reportable fringe benefits amounts in the 2017 income year?			
• Do you have any reportable employer superannuation contributions in the 2017 income year?			
• Did you receive any tax-free government pensions in the 2017 income year?			
• Did you receive any target foreign income in the 2017 income year?			
• Did you have a net financial investment loss in the 2017 income year?			
• Did you have a net rental property loss in the 2017 income year?			
• Did you pay child support in the 2017 income year?			
• Number of dependent children?			

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Other relevant information – Please provide evidence	Yes	No	Unsure
Spouse Details (if applicable)			
• Did you have a spouse for the full year from 1 July 2016 to 30 June 2017? If you had a spouse for only part of the income year, please specify the dates between 1 July 2016 to 30 June 2017 when you had a spouse? From _____ / _____ / _____ to _____ / _____ / _____			
• What was your spouse's taxable income for the 2017 income year?	$		
• 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?			
• 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 2017 income year?			
• Did your spouse have any reportable fringe benefits amounts for the 2017 income year?			
• Did your spouse receive any Australian Government pensions or allowances (not including exempt pension income) in the 2017 income year?			
• Did your spouse receive any exempt pension income in the 2017 income year?			
• Did your spouse receive any tax-free government pensions paid under the *Military Rehabilitation and Compensation Act 2004*?			
• Does your spouse have any reportable employer superannuation contributions or deductible personal superannuation contributions for the 2017 income year?			
• Did your spouse receive any 'target foreign income' in the 2017 income year?			
• 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 2017 income year?			
• Did your spouse pay child support during the 2017 income year?			
• 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 2017 income year that included a taxed element that does not exceed their low rate cap?			
Additional notes/concerns:			

Dated:	_____ / _____ /_____
Signature of taxpayer:	
Name (Print)	