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

**TO:** Sage Business Group **FAX:** 03 9744 6577

**ATTENTION:**   **E-MAIL: admin@sagegroup.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:** |
|  |  |
|  |  |
|  |  |
| **BANK INTEREST** |
| **Bank:** | **Amount:** | **TFN Credits:** | **Bank Charges:** |
|  | **$** |  | **$** |
|  | **$** |  | **$** |
|  | **$** |  | **$** |
| **DIVIDENDS** |
| **Company:** | **Number of Shares:** | **Holder Number:** | **Dividends:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **OTHER INVESTMENTS** |
|  |
|  |
|  |
| **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** |