



Client Details	
Name:	
TFN:	Occupation:
Address:	
Phone Number:	
Email:	
Dependent Details	
Number of Dependen	ts:
Full Name:	DOB:
Full Name:	DOB:
Full Name:	DOB:
Bank Details	
Bank:	
Account Name:	
BSB:	
Account Number:	





Provided
0
0
0
0
0
0
0
0
0
0

### Notes:





Deductions	Provided
Car Expenses (Log Book Required)	0
Travel Expenses	0
Uniform, Laundry and PPE Expenses	0
Self-Education Expenses	0
Income Protection Insurance	0
Sickness & Accident Insurance	0
Donations	0
Personal Super Contributions (Intent to Claim a Deduction acknowledgement is required)	0
Home Office Expenses	0
Number of Hours Worked at Home During the Pandemic?	
Private % Use of:	
Phones:	
Computers:	
iPads:	

### Notes:





Tax Offsets	Provided
Private Health Insurance Policy Statement	0
Superannuation Contributions for Your Spouse	O
Other Offsets	O
Notes:	
The above information I have provided is a true and correct expenses and financial obligations	record of my personal
Signature of Taxpayer:	
Date:	