

CONFIRM YOUR APPT AS EITHER

DROP OFF EXPRESS (COMPLETED WITHIN 72 HOURS)

Or

PHONE APPOINTMENT (ALL INFO STILL REQUIRED)

For all phone appointments please confirm your Preferred Contact details are updated and correctly displayed to ensure we can contact you at your allocated time.

Your Phone Appt is Booked on

Day _____

Date _____

Time _____

Preferred Contact Details (REQUIRED FOR PHONE APPTS)

- Telephone Mobile Email SMS
 Contact Number for Appt

Income Information to Assist Us

- Total Number of Salary and Wages during the year
Number of PAYG Payment Summaries attached or Tax Ready STP Filings : _____
- Do you have government pensions or allowances such as new start, jobseeker, youth allowance and or Aus study? If yes, please provide copies. Yes No
- Do you have interest income (money you received in your bank account)? Yes No
If So How Much? _____
- Do you own shares that you received dividends for? Yes No

Job No. _____

Drop off or Phone Appt Information Form to be Completed PRIOR to ApptAre you an existing client? Yes No (Only Update this section if you are new OR your details have changed since your last appt)**Client Details****TFN**

Full Name _____

Address _____

Suburb _____ State _____ Postcode _____

Email _____

Telephone _____ W/H ___ Mobile _____

Occupation _____ Date of Birth ___/___/___

Do you have a spouse? ___ Yes ___ No If so, please .

Full Name _____

Date of Birth ___ / ___ / _____ DD/MM/YYYY

Number of Dependent Children _____

Do you have a Private Health? ___ Yes ___ No If yes, please provide supporting documents.

How did you hear about us? _____

Client Declaration

I hereby declare all information is true and correct to the best of my knowledge and I understand my tax return will be completed from the information provided.

I hereby engage Choice Corporate T/As Choice Business Partners to prepare my taxation return and any other relevant supporting schedules in accordance with the appropriate standards. In consideration for this engagement, I authorize Choice Business Partners to deduct their fees from their trust account, from either my refund or any other money paid owing to me into this account. Furthermore, I authorize that my details may be revealed in an audit of Choice Corporate Pty Ltd trust account and consent to my personal information being used as per Choice Business Partners Privacy Policy.

****Please note we will not commence your tax return until this form
Is completed in full.**

**If you are scheduled for a telephone appointment, your appointment will not proceed
unless form is completed****

Please advise if you would like our fees to be deducted from your refund.

 Deduct Fees (Additional \$22) Pay on Day

Kindly provide your bank details for your refund to be paid to.

BSB _____ ACCOUNT _____

Client's Authorized Signature

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OTHER INCOME ITEMS

Did you sell real estate/investment property/land? Y N

If yes, please complete schedule on page 6 of this form.

Did you sell shares? (including buying or selling crypto) Y N

If yes, please complete schedule on page 7 of this form.

Did you receive any COVID19 payments? Y N

If yes, how much? \$ _____

QUICK CLAIM DEDUCTIONS

Fill Out the below Form to help us complete your return.

D1. Work related car expenses; (KM RATE) – Note you will need to provide your logbook or summary

Tell Us where you went for work in your car (EXCLUDING TO AND FROM WORK)

Trip IE Wangaratta Conference/Meeting Total KM 200km Return

Trip _____ Total KM _____

Trip _____ Total KM _____

Trip _____ Total KM _____

D2. Work related travel expenses (Include here, parking, accommodation, meals, related travel costs)

(Additionally please note how does this relate to your job... IE Training Course _____

Item/ Description IE Parking Total \$\$ Paid \$10.00 Office Code _____

Item/ Description _____ Total \$\$ Paid _____ Office Code _____

Item/ Description _____ Total \$\$ Paid _____ Office Code _____

Item/ Description _____ Total \$\$ Paid _____ Office Code _____

Item/ Description _____ Total \$\$ Paid _____ Office Code _____

D3. Work related Laundry and Uniform Expenses (Including Protective Wear and or Logo'd clothing only)

Did you Launder your own work uniform for work? If so how many times a week _____ Office Code _____

Item/ Description IE Workboots Total \$\$ Paid \$180.00 Office Code _____

Item/ Description _____ Total \$\$ Paid _____ Office Code _____

Item/ Description _____ Total \$\$ Paid _____ Office Code _____

Item/ Description _____ Total \$\$ Paid _____ Office Code _____

Item/ Description _____ Total \$\$ Paid _____ Office Code _____

QUICK REFERENCE DEDUCTIONS

D4. Work related self education expenses (including Tafe Fees, Course Fees)

Item/ Description IE Tafe Course Plumbing Total \$\$ Paid \$1088.00 Office Code _____

Item/ Description _____ Total \$\$ Paid _____ Office Code _____

Item/ Description _____ Total \$\$ Paid _____ Office Code _____

D5. Other Work Related Expenses (Including, Tools, Mobile Phone, Working from Home, Internet etc)

Item/ Description _____ Total \$\$ Paid _____ Office Code _____

Item/ Description _____ Total \$\$ Paid _____ Office Code _____

Item/ Description _____ Total \$\$ Paid _____ Office Code _____

Item/ Description _____ Total \$\$ Paid _____ Office Code _____

Item/ Description _____ Total \$\$ Paid _____ Office Code _____

Item/ Description _____ Total \$\$ Paid _____ Office Code _____

Item/ Description _____ Total \$\$ Paid _____ Office Code _____

D9. Donations to Registered Charities

Item/ Description _____ Total \$\$ Paid _____ Office Code _____

Item/ Description _____ Total \$\$ Paid _____ Office Code _____

Additional Information that may assist us in the preparation of your return (or you feel you may be able to claim)

Deductible Income Protection Policies

(Not Life Insurance, Only paid from bank and not within super)

Total \$\$ Paid _____

Superannuation Deductions(With Notice of Intent attached)

Total \$\$ Paid _____

QUICK REFERENCE DEDUCTIONS

COVID 19 NOTE - DID YOU WORK FROM HOME ?

DID YOU WORK FROM HOME DURING JULY 2021 to JUNE 2022 ?

If so confirm dates from ___ / ___ to ___ / ___ including total days _____ Days x _____ Hours Per Day

Are you wanting to claim a flat 0.80c per Hour for Home Office Expenses **OR** Itemized Yes No \$_____

Confirm any additional Office expenses, including furniture, desks, chairs, monitors etc

_____ \$ _____
_____ \$ _____
_____ \$ _____

Additional Claim Items for 2021-2022 Financial Year

Self-protection Claim, Hand Sanitizers, Face Masks, Gloves \$ _____

2022 Rental Property Schedule *1 schedule per property*

Property Address: _____

Confirm Ownership from Rates Notice: _____

| | | | |
|---|-----|----|----------|
| INCOME | Yes | No | \$ _____ |
| Rental statements | Yes | No | \$ _____ |
| Bank statements | Yes | No | \$ _____ |
| Other Proof of Income | Yes | No | \$ _____ |
| | | | \$ _____ |
| EXPENSES | Yes | No | \$ _____ |
| Interest on loans (Statements attached) | Yes | No | \$ _____ |
| Bank Fee's or charges | Yes | No | \$ _____ |
| Depreciation (Or Depreciation Report Attached) – LIST items | Yes | No | \$ _____ |
| Repairs and maintenance – LIST items | Yes | No | \$ _____ |
| Council Rates | Yes | No | \$ _____ |
| Water Rates | Yes | No | \$ _____ |
| Insurance (building, contents or public liability) | Yes | No | \$ _____ |
| Body Corporate fees and charges | | | \$ _____ |
| Property agents fees and commission | Yes | No | \$ _____ |
| Cleaning or gardening maintenance | Yes | No | \$ _____ |
| costs incurred in relocating tenants into temporary accommodation | Yes | No | \$ _____ |
| Security Patrol fees | Yes | No | \$ _____ |
| Stationary and postage | Yes | No | \$ _____ |
| Telephone calls and rental | Yes | No | \$ _____ |
| Advertising costs | Yes | No | \$ _____ |
| Other out of pocket expenses or additional information – LIST | Yes | No | \$ _____ |

2022 Shares/Crypto (only required if SOLD shares/cyrpto)

(1)Company/Code: _____

Purchase Information

Purchase date: _____

Quantity purchased: _____

Purchase price per share: _____

**please attach all buy slips or statements from when shares were first purchased*

Sale Information

Sale date: _____

Quantity sold: _____

Sale price per share: _____

**please attach all sell slips or statements for financial year*

(2)Company/Code: _____

Purchase Information

Purchase date: _____

Quantity purchased: _____

Purchase price per share: _____

**please attach all buy slips or statements from when shares were first purchased*

Sale Information

Sale date: _____

Quantity sold: _____

Sale price per share: _____

**please attach all sell slips or statements for financial year*