

TAX RETURN EXPRESS FORM



1 - CONFIRM YOUR APPOINTMENT

Drop off Express (completed within 72 hours)

OR

Phone Appointment (confirm appointment below)

Day: _____

Time: _____

Preferred contact number: _____

2 – CLIENT INFORMATION

Are you an existing client? Yes No

If yes, please complete below if details have changed since last appointment

If no, must complete below & provide to reception 24 hours prior to your scheduled appointment

Full name _____

Tax file number _____

Date of birth _____

Address _____

Suburb _____

State & Postcode _____

Email _____

Telephone _____

Occupation _____

Yes No

If yes, please provide full name, date of birth & income below

Do you have a spouse Full name _____

Date of birth _____

Taxable income \$ _____

Number of dependent children _____

Do you have private health? Yes No

If yes, please provide statement of cover

3 – 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 Authorised Signature

4 - INCOME

Total number of payment summaries during the year (how many jobs do you have)?	
Do you have any Government pensions or allowances such as Newstart, Youth Allowance or Job Keeper?	Y <input type="checkbox"/> N <input type="checkbox"/>
Did you receive interest income? If yes how much	\$
Do you own shares that you received dividends for?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you receive rental income? If yes complete page 7 of this form	Y <input type="checkbox"/> N <input type="checkbox"/>
Did you sell any real estate/investment property/land?	Y <input type="checkbox"/> N <input type="checkbox"/>
Did you sell shares (including crypto currency?) If yes complete page 8 of this form	Y <input type="checkbox"/> N <input type="checkbox"/>

5 – DEDUCTIONS

ALL DEDUCTIONS MUST BE SUBSTANTIATED WITH RECEIPT/EVIDENCE

D1 WORK RELATED CAR EXPENSES

Method 1:

Cents per km (under 5000kms)

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

Location _____ total KM _____

Reason for travel _____

Location _____ total KM _____

Reason for travel _____

Location _____ total KM _____

Reason for travel _____

By ticking the above box, you are confirming that you have a record of how you have calculated the kilometers travelled for work related purposes

OR

Method 2:

Logbook

Fuel/oil \$ _____

Repairs \$ _____

Maintenance/servicing \$ _____

Insurance \$ _____

Registration \$ _____

Work use _____ %

By ticking the above box, you are confirming that you have a 12-week logbook & have established business/personal use. You also confirm that you have receipts for all expenses claimed (fuel, repairs & maintenance, services etc)

D2 WORK RELATED TRAVEL EXPENSES (parking, accommodation, meals, related travel costs)

Item/description _____ total \$ _____

Reason for purchase _____

Item/description _____ total \$ _____

Reason for purchase _____

Item/description _____ total \$ _____

Reason for purchase _____

D3 WORK RELATED LAUNDRY & UNIFORM EXPENSES (logo'd OR protective clothing only)

Do you launder your own work uniform for work? If yes, how many times per week _____

Item/description _____ total \$ _____

Reason for purchase _____

Item/description _____ total \$ _____

Reason for purchase _____

Item/description _____ total \$ _____

Reason for purchase _____

D4 WORK RELATED EDUCATION EXPENSES

What is the course you are doing: _____

How is this course related to your current occupation:

Item/description _____ total \$ _____

Item/description _____ total \$ _____

Item/description _____ total \$ _____

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D5 WORK FROM HOME

Did you work from home in the 2022/23 financial year? Y N

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

I have a work diary/timesheet/roster confirming my working from days Y N

I have receipts/bills for occupancy expenses
(gas, electricity, telephone internet, stationary, printer consumables) Y N

Additional purchases (including computer/office equipment & furniture, stationary, consumables)

Item/description _____ total \$ _____

Item/description _____ total \$ _____

Item/description _____ total \$ _____

Item/description _____ total \$ _____

Item/description _____ total \$ _____

D5 MOBILE PHONE & INTERNET

Please note if claiming working from home, cannot claim additional phone deduction as this is included in working from home calculation.

I would like to claim the maximum amount for phone and internet with no receipts (\$50) Y N

OR

I would like to claim the actual cost of my telephone bill (business use only) \$ _____

Business % _____

I would like to claim the actual cost of my internet bill (business use only) \$ _____

Business % _____

By ticking yes to the above, I confirm that I have itemised internet and/or telephone bill & highlighted which calls/internet usage are work related

D5 ALL OTHER WORK RELATED EXPENSES (tools, subscriptions etc)

Item/description _____ total \$ _____

Item/description _____ total \$ _____

Item/description _____ total \$ _____

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Item/description _____ total \$ _____

D9 DONATIONS TO REGISTERED CHARITIES

Organisation _____ total \$ _____

Organisation _____ total \$ _____

Organisation _____ total \$ _____

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 _____ total \$ _____
(not paid from super or before tax wages)

Deductible voluntary super payments _____ total \$ _____
Notice of intent attached

2023 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	\$ _____

2023 Shares/Crypto *1 schedule per sale transaction*

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*