



Susan Smith & Associates CHARTERED  
ACCOUNTANT

## Individual Tax Return Information

Full Name			
Tax file number		Date of birth	
Postal Address			
Residential address			
Telephone - Home		Telephone - Mobile	
Email address			
ABN ( if applicable)			

## CLIENT BANK ACCOUNT DETAILS FOR REFUND

Name on Account			
Bank			
Bank BSB		Account Number	

## SPOUSE DETAILS

Spouse's Full Name		Spouse's TFN	
Spouse's Date of Birth		Spouse's Income	
Have you had a change in marital status?	Yes   No		

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Principal: Susan Smith

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ABN 33 955 015 618 ACN 142 184 996



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### TAX RETURN INFORMATION

What is your current occupation?	
Has your occupation changed since your last tax return?	Yes   No

Was last year's return lodged by a registered tax agent?	Yes   No		
If <b>YES</b> , who was your tax agent?			
Do you have any Dependants?	Yes   No	If yes, please list below	
	<b>Full Name</b>	<b>Date of Birth</b>	<b>Relationship</b>

\_\_\_\_\_  
**Name of Taxpayer**
\_\_\_\_\_
\_\_\_\_\_  
**Signature of Taxpayer**
**Date**

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