Tax Return - Information

CAPE YORK ACCOUNTING SMITHFIELD

Surname	Christian Names
Date of birth	Occupation (what job do you do?)

Phone		Street address	
Fax		Postal address	
Mobile		Email address	

Authorisation for all correspondence by email   YES/NO

Did you earn any income from the following sources? Bank interest, shares, managed funds, rental property, sale of property / other income assets?   Yes / No   If yes please provide brief details below

Do you have a partner for the whole year YES/NO	Partners name	Date of birth / /

If not full year, show dates actually living with partner   …..../……../…...... To …...../…..…/…...... Partners Income $

Are you a sole parent?	Yes / No	Show dates as sole parent …..../………/…...... To ……../…..…../…..…

Who claims children for Tax purposes-you? Yes/No	or claimed by your partner Yes/No

List dependant children **living with you**

SURNAME	CHRISTIAN NAMES	Date of Birth	School	List dates if not full year

FEES: Do you wish to have our lodgement fee deducted from your refund?	Yes / No
TAX REFUND: Do you want your refund paid via eft to your bank account?	Yes / No

BSB		Account		Account name	

CLIENT AUTHORITY: I authorise Cape York Accounting Smithfield to prepare and lodge my tax returns using information supplied by me.   If for any reason, I decide not to proceed with lodgement of the prepared return, I agree to pay all fees incurred in the preparation, plus any additional costs imposed by debt collection action. I authorise Cape York Accounting Smithfield to request any financial information relating to my income from financial institiutions, employers, Centrelink, or other government agencies, and to have these details forwarded directly to their office (see details below)

Signature: ⇒   X _____

Once all forms completed and signed, please return to Cape York Accounting Smithfield

FAX 07 4038 1082   **EMAIL cyasf@ozemail.com.au**   **MAIL** to P O Box 252 Smithfield Qld 4878

Liability limited by a scheme approved under Professional Standards Legislation