email: info@safrata.com.au
www. safrata.com.au
mobile: 0411 540 275

INDIVIDUAL TAX RETURN INFORMATION FORM

PERSONAL INFORMATION

First Name

Last Name

Other Names

Date of Birth

Current Residential Address

Post Code

Tax File Number

Phone Number

E-mail address

Bank Account number **BSB**

Bank Account Name

INCOME/DEDUCTIONS DETAILS

Occupation (main)

Financial year this form relates to

Type of income earned during Financial Year(s)

- ☐ employment income (PAYG)
- ☐ bank interest
- ☐ dividend
- ☐ capital gain (sale of shares or CGT asset)
- ☐ rental income
- ☐ sole trader/ABN type of income
- ☐ other

Work related expenses

- ☐ car/taxi/public
- ☐ mobile phone
- ☐ home office
- ☐ donations
- ☐ inv. loan interest
- ☐ stationery
- ☐ laptop/computer
- ☐ internet
- ☐ prof. memberships
- ☐ education/course
- ☐ laundry/uniform
- ☐ other

Private Health Insurance ◯ yes ◯ no

Married/de facto partner ◯ yes ◯ no

HECS/HELP debt ◯ yes ◯ no

Other comments you wish to add