



**Save time and money with Tax Agent Romeo Caporaso**

Please fax the completed form to (08) 8365 9573 or scan email to [info@TaxAccountingAdelaide.com](mailto:info@TaxAccountingAdelaide.com)

Personal details

Tax File Number: \_\_\_\_\_  
 Title: Mr/ Mrs/ Miss/ Ms  
 Name: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Address: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 Phone no \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_

Spouse

: Yes No  
 If Yes:  
 Spouse Details: Male Female  
 Family Name \_\_\_\_\_ Given  
 Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Taxable  
 income \_\_\_\_\_  
 Income

Salary and Wages

.Please attach and fax all PAYG Payment Summaries with this form including other income e.g. Eligible Termination Payments, dividends, interest, Centrelink and Government payments, trust distributions, superannuation pensions, annuities, foreign income and other.

Please note that some of your income we can access at ATO portal.

Other notes about my income:

Deductions

. Did you have any expenses related to your income producing activities?

Motor Vehicle:

Did you use your motor vehicle for any work purposes

.Yes Reason: \_\_\_\_\_

Make of car \_\_\_\_\_ Model \_\_\_\_\_ Reg'n No \_\_\_\_\_

No of km travelled per month: \_\_\_\_\_ or per year \_\_\_\_\_

Work related travel expenses:

. Yes . No

Purpose:

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Travel costs:

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Self Education:

. Yes . No

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Uniform:

Do you have a company logo on your purchased uniform?

. Yes . No

Do you have to wear any protective uniform?

. Yes . No

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Other Work Deductions: Union fees, Stationary, Overtime Meals, Tools, Seminars, Books...

. Yes . No

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Donations:

Did you donate to eligible charities this year?

. Yes . No

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Other notes about my deductions:

Private Health Insurance

Were you and your dependants covered by a Private Health Insurance Cover?

. Yes . No (Continue to the next question)

If 'Yes': Name of fund \_\_\_\_\_ Member

No \_\_\_\_\_

Type of cover: C - H - A (Circle)

Medical expenses

Did you have any 'out of pocket expenses' over \$1500 for you or your family members?

. Yes . No

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HELP/HECS/ SFSS repayments

Did you have any HELP/HECS or SFSS debt?

. Yes . No

Amount owed: \_\_\_\_\_

Education Tax rebate

. Yes . No

Child/student name: \_\_\_\_\_

. Primary Student . Secondary Student

Expense description \_\_\_\_\_ Amount

Expense description \_\_\_\_\_ Amount

Expense description \_\_\_\_\_ Amount

Expense description \_\_\_\_\_ Amount

Expense description \_\_\_\_\_ Amount

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Other notes: (please explain)

Declaration:

.I authorise Romeo Caporaso Tax Agent to represent me and electronically lodge my tax return.

.The information provided for the preparation of this tax return is true and correct.

.I understand the standard processing is 14 business days from receipt of payment, subject to ATO processing delays.

**Please sign here:** \_\_\_\_\_

Date: \_\_\_\_\_

Fee deduction authorisation

.I authorise my tax preparation fee of \$\_\_\_ to be taken from my account by direct debit authority prior to lodgement of the tax return.

Bank Details:

BSB Number \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Please sign here:** \_\_\_\_\_

Date: \_\_\_\_\_

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