



A.B.N. 40 126 260 240

p 1300 76 35 75
e taxinfo@phatreturns.com.au
w www.phatreturns.com.au

Travel Agents Form

Title: _____ First Name: _____ Middle Name: _____ Surname: _____
Date of Birth: _____ Address: _____ Suburb: _____ Postcode: _____
Mobile: _____ Alternate Contact: _____ Email Address: _____
Are you married or de facto?
Spouses Name: _____ Date of Birth: _____ Spouses Taxable Income: _____ Are
they a P.H.A.T. Returns Client? _____ Do you have any dependents? If yes, how many? _____ Do you pay child support? If yes, how much? _____
Your Job: _____ Company: _____ Tax File Number: _____
Bank Account Details BSB: _____ Account number: _____ Name on account: _____
How much interest did you earn on bank accounts? _____ Did you receive any dividends? ____ If yes, please attach
Do you have a managed fund? _____ If yes, please attach parts A, B and C from your fund statement or tax return information
Did you sell shares? ____ If yes, attach all information regarding buying and selling of shares.
Do you have private health insurance? _____ If yes, please attach statement from your fund
Do you have a Higher Education Learning Program (HELP/HECS), Student Financial Supplement Scheme (SFSS) or Trade Support Loan (TSL) debt?
If yes, how much? HELP _____ SFSS _____ TSL _____ Do you have Debts to Centrelink/Family Assistance/ATO? _____

Investment Property Information

Purchase date: _____ Purchase Price (less stamp duty): _____ Date first earned rental income: _____
Address: _____ Suburb: _____ Postcode: _____ Year of Construction: _____
Gross Rental Income: _____ Weeks rented: _____ Is this a shared rental? If so with whom: _____ Percentage split? _____

Annual Expenses

Advertising: _____ Body Corporate: _____ Borrowing Fees: _____ Cleaning: _____ Council Rates: _____
Gardening: _____ Insurance: _____ Loan Interest: _____ Land Tax: _____ Pest Control: _____
Property Agent Fees: _____ Repairs, maintenance: _____ Stationery/phone/postage: _____ Water Charges: _____

Other Rental Expenses: _____

Please attach your depreciation schedule or does P.H.A.T. Returns have already? _____

If you don't have one yet, call 1300 990 612 or click here



ABN Information

ABN: _____ Trading name: _____ Business type: _____ Address: _____
ABN Total Revenue: _____ ABN Total Expenses (please attach profit and loss statement or list of expenses): _____

Please email this form, attachments and receipts.

A MINIMUM OF 24 HOURS PRIOR TO YOUR BOOKING



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Travel Agents Form

As a travel agent you may be eligible for a deduction for the travel that you do each year.

1. The travel must be connected to a product that you sold in the financial year that you travelled.
2. You **MUST** send all receipts with this form.

TRIP 1

Destination: _____

Dates of travel: _____

Were any of the expenses of the travel paid for by your employer? If yes, what? _____

Were you travelling alone? If no, with whom? _____

Have you travelled to the destination before? If yes, when? _____

ONLY INCLUDE YOUR EXPENSES

Total AUS\$

Travel to and from airport	
Airport parking	
Flights	
Accommodation	
Car hire	
Tours and other attractions	
Food	
Other (Attach an itemised list)	

TRIP 2

Destination: _____

Dates of travel: _____

Were any of the expenses of the travel paid for by your employer? If yes, what? _____

Were you travelling alone? If no, with whom? _____

Have you travelled to the destination before? If yes, when? _____

ONLY INCLUDE YOUR EXPENSES

Total AUS\$

Travel to and from airport	
Airport parking	
Flights	
Accommodation	
Car hire	
Tours and other attractions	
Food	
Other (Attach an itemised list)	