



A.B.N. 40 126 260 240

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All Industries 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 Manager Costs (please attach annual report): _____ 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 and receipts for purchases over \$300
A MINIMUM OF 24 HOURS PRIOR TO YOUR BOOKING**