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Defence Force Form

A.B.N. 40 126 260 240

Rank: _____ First Name: _____ Middle Name: _____ Surname: _____
Date of birth: _____ Sex M/F _____ Army/Navy/Airforce _____ Base/Ship: _____
Home Address: _____ Suburb: _____ Postcode: _____
Mobile: _____ Alternate number for booking: _____ Email Address: _____
Are you married/de facto? Spouses Full Name: _____ Date of birth: _____
Spouses Taxable Income: _____ Are they an ADF member? _____ Are they a P.H.A.T. Returns Client? _____
Do you have any dependent children? If yes, how many? _____ Do you pay Child support? If yes, how much? _____
Your Job Type e.g. Rifleman, Marine Tech, Medic, ADG, CD, etc: _____ 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 the tax return section
Did you sell shares? _____ If yes, attach all information regarding buying and selling of shares.
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? _____

ABN Information

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

Investment Property Information

Purchase date: _____ Purchase Price (less stamp duty): _____ Date first earned 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 Management Costs (please send annual report): _____ Repairs, maintenance: _____ Water Charges: _____
Other Rental Expenses: _____

Please send the depreciation schedule for your property if you haven't previously.

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



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Common purchases and other items

Date of Purchase	Item	Quantity	Total Amount
	Vehicle Expenses km's(travel to courses, other bases, on base, etc)		
	Uniform Purchases (Incl. boots)		
	Runners (SF unit, ADG, CD, PTI or CFL)		
	PT gear (Army, Navy or Airforce logo)		
	ADF sport team logo clothing, protective clothing and equipment		
	Dry Cleaning of uniforms		
	Medal Mounting		
	Watch - must have job specific functions		
	Protective Eyewear		
	Pack		
	Swag		
	Sleeping Bag		
	Webbing		
	Pouches		
	Bivvy Bag		
	Dive Bag		
	Multi-tool		
	Compass		
	Headlamp		
	Torch		
	Medkit		
	Knife		
	GPS		
	Hydration pack and accessories		
	Camping Equipment (no food or personal hygiene items)		
	Tools		
	Fitness Equipment (SF unit, ADG, CD, PTI or CFL)		
	Gym Membership (SF unit, ADG, CD, PTI or CFL)		
	Diving Gear		
	Laptop computer or tablet		
	Desktop computer		
	Stationery		
	Mess fees Monthly (Senior non-commissioned officers and above)		
	Mobile Phone - Monthly plan amount (MUST ATTACH A BILL)		
	Internet - Monthly plan amount		
	Other Items please supply list (NO GROOMING ITEMS)		

**PLEASE EMAIL THIS FORM AND ATTACHMENTS
A MINIMUM OF 24 HOURS PRIOR TO YOUR BOOKING**