

Information Required	Information Provided	Not Applicable
Spouse Superannuation: Contributions on behalf of non-working or low income spouse.	<input type="checkbox"/>	<input type="checkbox"/>
SPOUSE DETAILS – Married or De Facto: YOU <u>MUST</u> INCLUDE YOUR SPOUSE'S INCOME DETAILS IN YOUR TAX RETURN. If we do not prepare your spouse's tax return please advise the following: <i>Spouse Full Name</i> _____ <i>Date of Birth</i> _____ <i>2017 Taxable Income</i> _____ <i>2017 Reportable Super Contributions</i> _____ <i>2017 Reportable Fringe Benefits</i> _____ <i>Net Investment Loss</i> _____ Was this person your spouse for the entire financial year? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRIVATE HEALTH INSURANCE: <ul style="list-style-type: none"> Please provide a copy of your 2017 Annual Private Health Insurance Statement issued by your Health Fund, including details of the number of adults and dependent children covered by the policy at the time the premium was paid. If your spouse holds a different health insurance policy, please provide a copy of their 2017 Annual Private Health Insurance Statement 	<input type="checkbox"/>	<input type="checkbox"/>
OTHER ITEMS		
Number of dependent children under 21, and/or children who were dependent full-time students under 25 in 2017? _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a tax free government pension? (please provide details)	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay or receive any child support? (please provide details)	<input type="checkbox"/>	<input type="checkbox"/>
THE ATO WILL NO LONGER ISSUE REFUNDS VIA CHEQUE. PLEASE PROVIDE EFT DETAILS TO ENABLE YOUR REFUND TO BE PROCESSED. BSB: _____ Account No. _____ Account Name: _____		