

# SDTR Client Details

Appt: <input type="text"/>	Arrived: <input type="text"/>
Return Type: <input type="checkbox"/> SDTR <input type="checkbox"/> Deduct <input type="checkbox"/> Bill	
Existing Client <input type="checkbox"/>	New Client <input type="checkbox"/>



## 1. Client Details - ALL QUESTIONS MUST BE ANSWERED

Name			
Street Address		State	Postcode
Suburb			
*** Photo Identification #		Expiry Date:	
Date of Birth	Occupation:		
Tax File Number			
Bank Account Name			
Bank Account Details	BSB:	Account Number:	

\*\*\* Please have Photo ID ready for verification (verified by office )

## 2. Contact Information

Home Phone Number			
Work Phone Number			
Mobile Phone Number			
E-Mail Address			
Medicare Number	Your number on card		
Do you have Private Health Cover?	YES	NO	Health Fund Name: Membership Number:
Partner/Wife/Husband Name (Living with you )	Did your partner/wife husband work last year		Yes No
Partner/Wife/Husband Date of Birth (Living with you)	Their Income this year \$ _____		
How many children do you pay child support for			
How many children under 17 live with you	..... How many school children 17 and over 16 live with you .....		
Did you work as a contractor	YES	NO	
How/Where did you hear about us	TV <input type="checkbox"/>	Friend <input type="checkbox"/>	Internet <input type="checkbox"/> Old Client <input type="checkbox"/> Twitter <input type="checkbox"/> Other <input type="checkbox"/>

## 3. Additional Information - ALL QUESTIONS MUST BE ANSWERED

Yes No

Do you have a Centrelink Debt		
Do you have a Child Support Debt in Australia or New Zealand		
Do you have an Tax Office Debt		
Do you have a Student or education loan (HELP or SFSS Debt)		
Do YOU personally receive Family Tax Benefit Part A payments		

*Under new Substantiation rules introduced by the Australian Tax Office, ITR are required to gather the above information to assist in the correct compilation of your Personal Income Tax Return(s).*

**Please note that this document is retained by Instant Tax Refunds and is NOT sent to the Tax Office**

*I declare that, to the best of my knowledge and belief, this information is true and correct,*

.....  
Signature Date

**PLEASE RETURN YOUR FORM TO THE FRONT DESK WHEN YOU HAVE COMPLETED ALL INFORMATION**