

Tax Return Information Form

2021 Individual Tax Return

Please e-mail or post this form back to our office **PRIOR** to your appointment:

TO: CSM Advisors

ATTENTION:

E-MAIL:

CLIENT NAME:		CLIENT SIGNATURE:	
INFORMATION FOR 2021 TAX RETURN (1 July 2020 to 30 June 2021)			
Name:		Spouse Name:	
DOB:		Spouse DOB:	
Residential Address:		Postal Address:	
TFN:	Email:		
Phone:	W	H	M
BANK DETAILS (If you are expecting a refund, you MUST provide the ATO your EFT Bank Details)			
Account Name:		Bank Name:	
BSB:		Account No.:	
CHILDREN			
Name:		Name:	
DOB:		DOB:	
Name:		Name:	
DOB:		DOB:	
PAYG PAYMENT SUMMARIES (Please Attach, Fax or Email All Slips)			
Employer:	Occupation:	Gross:	Tax:
		\$	\$
		\$	\$
		\$	\$
BANK INTEREST			
Bank:	Amount:	TFN Credits:	Bank Charges:
	\$		
	\$		
WORK & OTHER EXPENSES (Please Attach, Fax or Email Detailed Listing)			
Motor Vehicle Type:		Reference Books:	\$
Motor Vehicle Rego Number:		Stationery:	\$
Work Kilometres:		Mobile Phone:	\$
Taxi Fares:	\$	Internet:	\$
Other Travel:	\$	Memberships:	\$
Uniform/Laundry:	\$	Tools & Equipment:	\$
Sun Protection Items:	\$	Interest expenses:	\$
Self-Education:	\$	Gifts & Donations:	\$
Union Fees:	\$	Income Protection Insurance:	\$
Seminars/Prof Development:	\$	Other Expenses:	Please Attach Details
PRIVATE HEALTH INSURANCE			
Fund Name:		Type of Cover:	
Membership No:		Days Covered:	Excess:
Rebate Claimed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
DO YOU HAVE ANY OF THESE ITEMS? (If so, then please let us know so that we can forward to you specific checklists)		<input type="checkbox"/> Investment Income <input type="checkbox"/> Rental Properties <input type="checkbox"/> Investments Sold <input type="checkbox"/> Motor Vehicles used for Work	