



DISTANCE TAX RETURN

Also available on our website: www.rapport-tax.com.au



SURNAME: _____ GIVEN NAMES: _____

DATE OF BIRTH: _____ TAX FILE NUMBER (TFN): _____

HOME ADDRESS: _____

POSTAL ADDRESS: _____

PHONE H: _____ B: _____ M: _____

EMAIL ADDRESS: _____

Would you like to receive a copy of your tax return/ tax estimate by email? YES NO

Occupation: _____

I authorise Rapport Taxation Services to electronically transmit my 2013 tax return. My signature below, together with my agreement on completion of the return, confirms all the information in the return, including the supplement to the income tax return and schedules (if applicable) is true and correct. I have shown all my income for tax purposes, including net capital gains, from sources in and out of Australia for the year of income. I have all the necessary receipts and/or records to support my claim.

I declare that:

- the information provided to Rapport Taxation Services for the preparation of this tax return is true and correct and
- Rapport Taxation Services is authorised to give the document to the Commission of Taxation.

SIGNED: _____ DATED: _____ 201__

PAYMENT METHODS

Please tick one of the boxes below.

- I have attached my cheque (Please consult Rapport on 9580 0030 for fee):
- I authorise you to debit my credit card (details below)
- I authorise fee from refund payment (Note: FFR charge applies)

SIGNED: _____ DATED _____ 201__

I wish to pay by Amex/MasterCard/Visa (Circle type of card)

Name on Card: _____

Card number: _____ Expiry date: _____

Attach your Payment Summary(s) and forward all documents to us at Reply Paid 718, Hurstville BC NSW 1481, or by email to rapptaxadmin@rapport-tax.com.au

DISCLAIMER

Liability limited by a scheme approved under Professional Standards Legislation

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Check List

Have you attached the following (please tick): Y N

1. All PAYG Payment Summary (or Group Certificate) including Centrelink (if applicable)
2. Details of interest income (if applicable)

Financial institutions	Account number	Interest amount (\$)

3. Details of dividends income (if applicable)

Dividend statements will be the best source of information, otherwise please complete:

Company	Number of shares	Dividends received

4. Details of foreign employment income (if applicable)
5. Details of charitable donations (if applicable)
6. Current HECS/HELP and/or SFSS
7. Private health fund statement (if applicable) **Fund statement attached**
- Does your health fund cover your family?
8. Trust/Managed Funds distribution statement (if applicable)
9. Statement for shares/options received under employee share schemes (if applicable)

Also:

10. Did you incur out of pocket medical expenses over and above \$2,120 for the financial year?
 (\$5000 for individual's income \$84000 & over; \$168000 for families)
11. Do you have a spouse in the financial year? If so, please provide your spouse's full name, birthday and income for the year.
12. Do you have any dependent children? If so, how many _____
13. Did you have a rental property in the financial year? (attach details if the answer is yes)
14. Did you make a capital gain/loss in the financial year? (attach details if the answer is yes)