

ACORN ACCOUNTING SERVICES PTY LTD

ABN 86 615 242 558

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Tax Return Form 2020

Please complete this form and mail it to acorntax2140@gmail.com or fax it to (02) 8859 0248

First Name: _____ Surname: _____
Date of Birth: _____ Tax File number: _____
Address: _____ ABN: (if applicable) _____
Email Address: _____
Mobile Number: _____

Bank Account Details

Account Name: _____ BSB: _____ Account No: _____

Residency Status

Are you a permanent resident/citizen of Australia? YES NO

If you answered no to the previous question, please answer the follow:

What passport are you holding?

Visa status/Type (all visa/s for the relevant financial year)

Date of Visa Arrival: _____ Date of Visa Departure: _____

Do you have a spouse who is entitled to Medicare? YES NO

If yes, Spouse's Full Name: _____ Date of Birth: _____

Spouses Tax File Number: _____ Spouses Taxable Income: _____

Do you have Private Health Insurance? YES NO

Do you have a Medicare Exemption Certificate? YES NO

I authorise Acorn Accounting Services to transmit my 2020 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) are 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 understand that the service fee will be charged regardless of the satisfaction of my return amount.

I declare that the information provided to Acorn Accounting Services for the preparation of the tax return is true and correct and Acorn Accounting Services is authorised to give the document to the Australian Taxation office.

Signed: _____

Dated: _____

Income

What is your main occupation?

Employer/s

Checklist. Please provide relevant documents for any of the following:

Wages / Salary (Please attach your payment summaries)

ABN Income

Centrelink Payments

Eligible Termination Payments

Bank Interest

Investment Income (Dividends, capital gains)

Rental Property Income

Superannuation and/or Insurance

Do you run a Company?	Yes	No
If yes, Company Name		ABN
Other Income		

Financials

Do you have any dependents under the age of 21 and/or that are full-time students under the age of 24?

Yes	No	If yes, number of dependents
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Are you required to pay Child Support to CSA?	Yes	No
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Are you aware of any debt you may have to Centrelink, family Assistance or CSA?	Yes	No
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De you have outstanding HELP (HECS) debts?	Yes	No
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Expenses (whole dollars)

Motor Vehicle - Registration No:	Type of vehicle:
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Travel

Clothing

Education

Other e.g equipment, phone, donations

Comment

Payment Methods

Please tick one of the boxes below.

I authorise you to debit my credit/debit card (details below)

I authorise fee payment from my Tax refund including an \$30.00 transaction fee.

Signed

Dated (dd/mm/yyyy)

I wish to pay by Mastercard

Visa

Name on Card

Card Number

/

/

/

Expiry Date

/

You are required to attach your vehicle registration and/or a letter from your employer stating that you require your vehicle for work. Attach any other receipts for items you wish to claim. By proceeding you declare that all the information is true and correct and you wish us to submit your tax return with all the claims that you summarised above.