



TAX UPDATE FORM

Your Full Name _____

Main Occupation During 2016/17 Financial Year _____

Current Residential Address _____

Postal Address (if different from above) _____

Best Contact Phone No. _____ Email _____

Current Bank Acc. Details BSB _____ Acc # _____

Spouse/Children Details (includes child under 21 or full-time student under 25)

Full Name	DOB	Income Earned
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Do you use any of the following for work purposes?

	Cost per Month	Work %
Internet	_____	_____
Home Phone	_____	_____
Mobile Phone	_____	_____

Are you required to use your motor vehicle for work purposes? (Other than to & from work) Yes / No

If yes, number of km travelled during year _____

Are you required to work from home? Yes / No

If yes, number of hours per month _____

Are you required to wear a compulsory uniform or protective clothing? Yes / No

Are you required to work outdoors as part of your job description? Yes / No

Do you currently have Income Protection Insurance? Yes / No

Did you visit your tax agent during 2016/17 financial year? Yes / No

Do you have Private Hospital Cover? Yes / No

If yes, full year? (Please provide Health Fund paperwork) Yes / No

Were you living in a remote area during 2016/17 Yes / No

Signed: _____ Date: _____