



MAIL INTERVIEW SHEET

2009

PO Box 501, Westcourt Qld 4870
Help Information: Julie
Ph: 4031 3100 or Free call 1800 656 103
Fax: 4031 2800

Consultant Name _____

1 Your tax file number (TFN)

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2 Are you an Australian resident? Yes No

3 Your sex Male Female

4 Your full name _____ Title - eg Mr, Mrs, Ms, Miss _____
Surname _____
Given Names _____
Has any part of your name changed since you last notified the Tax Office?
No Yes → Your previous surname _____

5 Your postal address
Print the address where you want your mail sent

Has your address changed since you last notified the Tax Office?
No Yes ►
Suburb or town _____
State _____ Postcode

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Country _____
If not in Australia _____

6 Is your home address different from your postal address?

Suburb or town _____
State _____ Postcode

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Country _____
If not in Australia _____
No ► Go to Question 7
Yes ► Print your home address

7 Your date of birth DAY

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 MONTH

--	--

 YEAR

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8 Your daytime phone number Area Code

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9 Do you want your refund paid directly into your financial institution account
No ► Your refund will be paid by cheque to your postal address
Yes ► Fill in the BSB number, account number and account name below
BSB number

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 Account No.

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Must be six digits
Account held in name(s) of _____

YOUR INCOME DETAILS

- 10 Main salary and wage occupation _____ (Must be completed)
- 11 How many jobs have you had during 01 July 2008 - 30 June 2009? _____ (Must be completed)
- 12 Bank Interest etc \$ [][][][][] .00

DEDUCTIONS - Deductions over \$300 - You must have supporting documentation

- 13 Work-related car expenses (eg. Did you carry tools etc in your car for work?) \$ [][][][][] .00
- Work-related clothing expenses (eg. Did you have a uniform with a logo?) \$ [][][][][] .00
- Other work-related expenses (eg. Union Fees, Stationery etc) \$ [][][][][] .00
- Gifts and donations of money \$ [][][][][] .00
- Cost of managing your tax affairs \$ [][][][][] .00

TAX OFFSETS

14 Zone (remote area) - Where did you reside between 01/07/08 - 30/06/09? _____

15 Has your spouse already claimed for Children/Dependants?
(Must be under 18 during 2008-2009 or a full time student under 25)

Yes If yes, go to next question

No 

Name of Child	D.O.B.	Student Y/N	Income \$	Period of Care TO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

16 Medicare levy reduction Number of dependent children under the income limit [][]

17 Medicare levy exemption FULL exemption - number of days [][][]
HALF exemption - number of days [][][]

18 Medicare levy surcharge - You must answer this question

Did you and all your dependants (including your spouse) have an appropriate level of private patient hospital cover for ALL of 2008-09

Yes You do not have to pay the surcharge

No Number of days you do not have to pay the surcharge [][][]
Number of dependent children [][]

PRIVATE HEALTH INSURANCE POLICY DETAILS

Do you have private health insurance Yes / No If no, go to next question

19 Private Health Insurance policy details
If you had private health insurance of any type at any time in 2008-09 you must answer this question

Health fund ID [][][] Membership number [][][][][][][][][][]

Date joined ____ / ____ / ____

Type of Cover
Hospital
Ancillary
Combined

TAX REFUND CENTRE FEE DEDUCTION AUTHORITY

Tax Refund Centre ("TRC") has prepared an Income Tax Return for:

_____ (client)
And has or intends to lodge the return with the Australian Taxation Office electronically:

OPERATIVE PROVISIONS

1. The client irrevocably authorises and directs TRC to specify the address of the TRC in the return as the mailing address for any refund cheque or direct refund payable by the Commissioner of Taxation to the client in respect of the return.
2. The client hereby irrevocably appoints TRC as agent for the purpose of receiving the client's Income Tax refund from the Commissioner of Taxation and endorsing and negotiating such cheque as agent for the client.
3. Where payment method "*Deduct from refund & bank balance of refund into my bank account*" has been chosen, the client hereby authorises TRC to appropriate any refund cheque of direct refund up to the amount of the sum payment of TRC's fee for preparation and lodgement of the return, and a fee of **\$40.00** for handling charges and bank fees. TRC shall account to the client for the surplus calculated after fees are deducted by depositing the surplus into TRC's General Account and then electronically transferring the funds to the following bank account:

YOU MUST SUPPLY A COPY OF YOUR BANK STATEMENT AS PROOF OF CORRECT BANK DETAILS

ACCOUNT NAME _____	BSB _____	Account No. _____
BANK NAME _____	BRANCH _____	

4. In the event that:-
 - a) The expected refund is not received; or
 - b) The expected refund is not received within fourteen (14) days after the date of lodgement of the return; or
 - c) The actual Income Tax Refund is an amount less than the total fee

The client shall pay to TRC the difference between the actual refund if any and the total fee on demand.

5. The client further agrees that if any sum payable by the client under this authority Remains unpaid for more than seven days then the client authorises all or part of the sum due to be deducted from its nominated account (above). The client authorises TRC to make this deduction on its behalf and confirms that the client is the authorised signatory on the account and the client will not cancel this authority until all amounts are paid.

Client Initials

PLEASE NOTE:
INCORRECT BANK DETAILS WILL RESULT IN A FURTHER FEE OF \$30 PAYABLE BY THE CLIENT

Client Initials

Signed by the client

Client's Signature: _____

Date: _____

ACCEPTED by and on behalf of the Tax Refund Centre

Signature: _____

Date: _____