

# Tax Return Questionnaire

Please complete both sides of this form to assist us in completing your income tax return.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Preferred method of contact:** Home Phone  Work Phone  Mobile  Email

**Preferred day/s of contact:** Mon.  Tues.  Wed.  Thurs.  Fri.  Any day

**Preferred time of contact:** Morning  Afternoon  Any time

1. What was your main occupation this financial year? \_\_\_\_\_

2. Do you have any dependents? If so, how many? \_\_\_\_\_

3. Please let us know if there have been any changes in your family situation that may affect your tax. These include:

- |  |   |
|--|---|
| <input type="checkbox"/> Any of your children turned 16 since your last tax return | <input type="checkbox"/> New children               |
| <input type="checkbox"/> Separation or divorce                                     | <input type="checkbox"/> New partner or married     |
| <input type="checkbox"/> Any of your children have left home                       | <input type="checkbox"/> Ages of dependent children |

Details: \_\_\_\_\_  
\_\_\_\_\_

4. If you receive a refund, it will be paid directly into your bank account. Please provide the details of your preferred account.

- Name on account: \_\_\_\_\_
- BSB (Branch No.): \_\_\_\_\_ ■ Account No: \_\_\_\_\_
- If you require a copy of your assessment notice, please collect it from our office.

5. Any other questions/comments: \_\_\_\_\_

**OFFICE USE ONLY**

**When collecting return details:**

- Appointment **OR**  Dropped in
- Price quoted: \_\_\_\_\_
- Fee from Refund - \$20 (assessment notice sighted)  
**OR**
- Account to be settled before lodgement, and
- Refund deposited directly into bank account?
- Date to be signed: \_\_\_\_\_
- Copy of Tax return required YES **or** NO
- Copy of Assessment notice to be mailed YES **or** NO
- Completed by: \_\_\_\_\_
- Date received: \_\_\_\_\_

**When Signing:**

- Chq for SEA for: \_\_\_\_\_
- Refund Due? YES **or** NO \$ \_\_\_\_\_
- Other Notes:
- Questions answered by: \_\_\_\_\_
- Date Completed: \_\_\_\_\_

**5. INCOME:**

- Have you attached all of your **Group Certificates**? YES NO
- Have you attached all of your **Centrelink** Group Certificates? YES NO
- Have you earned any **interest** from your bank accounts? YES NO  
Details: \_\_\_\_\_
- Have you received any **dividends**? YES NO  
Details: \_\_\_\_\_
- Have you sold any **shares**? YES NO  
(Attach documents relating to their original purchase and their sale)
- Have you bought or sold any **property** this year? Land, house etc. YES NO  
Details: \_\_\_\_\_
- Do you have a **rental property**? (Attach a rental property checklist) YES NO

**6. WORK EXPENSES:**

- Do you ever use your own **car** for work? Carrying tools, going to the bank, shopping, training and seminars, deliveries etc. YES NO  
If yes, where did you go? \_\_\_\_\_  
How many kilometres have you travelled during the year for work purposes? \_\_\_\_\_  
What sort of car is it and what is the engine size? \_\_\_\_\_
- Do you have to wear a **uniform** or protective clothing for work? YES NO  
How much have you spent on uniforms or protective clothing (overalls, aprons) this year?  
\_\_\_\_\_
- Have you bought any **boots** or protective shoes this year? YES NO  
Details & amount spent? \_\_\_\_\_
- If you work **outdoors**, have you bought sunscreen, hats or sunglasses?  
Details & amount spent: \_\_\_\_\_ YES NO
- Have you undertaken any **training** (TAFE, University, OTEN, seminars) during the year?  
Details: \_\_\_\_\_ YES NO  
Did you pay for course fees, books, stationery, photocopying, accommodation, tools or equipment, travelling costs? YES NO  
Details & amount spent: \$ \_\_\_\_\_
- Have you paid for any membership fees, union fees, telephone calls and rental, books, magazines, journals, tools or any **other expenses** related to your work? YES NO  
Details & amount spent? \$ \_\_\_\_\_

**7. OTHER:**

- Have you made any **donations** to charities? YES NO  
If yes, which ones and how much? \_\_\_\_\_
- How much did you pay for **preparing your tax** return last year? \$ \_\_\_\_\_
- What is your **spouse's income** for the year? \$ \_\_\_\_\_
- Have you received any **Family Payments** from Centrelink? YES NO
- Have you paid for any education expenses for your school aged children? YES NO
- Have you spent over \$1500.00 on **Medical** expenses? (provide details) YES NO
- Do you have **private health** insurance? (Please attach letter from fund) YES NO  
Which fund? \_\_\_\_\_ Membership number? \_\_\_\_\_
- Do you have sickness and accident insurance? \_\_\_\_\_