

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? _____