

# 2011 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: \_\_\_\_\_

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"/> Single	<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. INCOME:

- |  |     |    |
|--|-----|----|
| ➤ Have you attached all of your Payment Summaries (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 |
|--|-----|----|

- |                                     |     |    |
|-------------------------------------|-----|----|
| ➤ Do you have any other investments | YES | NO |
|-------------------------------------|-----|----|

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

## 5. WORK EXPENSES:

- |  |     |    |
|--|-----|----|
| ➤ Do you ever use your own car for work - training and seminars, deliveries, client visits etc | YES | NO |
|--|-----|----|

If yes, where did you go \_\_\_\_\_

How many kilometres have you travelled during the year for work purpose \_\_\_\_\_

What type 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  
Details & amount spent \_\_\_\_\_
- 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 YES NO  
Details & amount spent: \_\_\_\_\_
- Have you undertaken any **training** (TAFE, University, Online) during the year  
Details: \_\_\_\_\_ YES NO  
Did you pay for course fees, books, stationery, photocopying, Accommodation, tools, Internet,  
Equipment or travelling costs relating to the course YES NO  
Details & amount spent: \_\_\_\_\_
- Have you paid for any - membership fees, union fees, telephone calls, internet, books, magazines,  
Journals, stationary, tools, computer equipment or any **other expenses** related to your work YES NO  
Details & amount spent: \_\_\_\_\_
- 6. OTHER**
- Have you made any **donations** to charity 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 \_\_\_\_\_  
Spouse's name and date of birth \_\_\_\_\_
- Did you or your spouse receive **Family Tax Benefit Part B**? YES NO  
If Yes details of amount received \_\_\_\_\_
- Have you paid for any **education expenses** for your school aged children YES NO  
If yes please request Education Tax Refund Questionnaire (**you must be receiving FTB Part A**)
- Have you spent over \$2,000.00 on **Private Medical** expenses after Medicare and Health Insurance rebates (provide details) YES NO
- Do you have **private health** insurance (Please attach letter from fund) YES NO  
Name of Fund \_\_\_\_\_ Membership number \_\_\_\_\_
- Do you have **sickness and accident** insurance YES NO  
Details and amount spent \_\_\_\_\_
- Have you made **child support** payments YES NO  
Details and amount: \_\_\_\_\_
- Have you acquired or sold **shares** through an **employee share scheme** YES NO  
Details \_\_\_\_\_