

2017 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: _____

Bank details; BSB..... Account Number

1. What was your main occupation this financial year _____
2. Do you have any dependents? If so, how many and what ages are they _____
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/separation date _____	<input type="checkbox"/> New partner or married
<input type="checkbox"/> Any of your children have left home	

Details: _____

4. INCOME:

- Have you attached all of your Payment Summaries (Group Certificates) including those for salary/wages, Centrelink and Pension income YES NO
- Have you earned any interest from your bank accounts YES NO
Details: _____
- Have you received any dividends or payments from other investments YES NO
Details: _____
- Did you run your own business YES NO
Details: _____
- Have you sold any shares or other investments YES NO
(Attach documents relating to their original purchase and their sale)
- Have you bought or sold any investment properties this year Land, House etc. YES NO
Details: _____
- Do you have a rental property (Attach a rental property checklist) YES NO

5. WORK EXPENSES:

- Do you ever use your own car for work - training and seminars, deliveries, client visits, carrying equipment weighing 20 kg's or more, etc YES NO
If yes, where did you go _____
How many kilometres have you travelled during the year for work purpose _____

- Did you stay overnight anywhere for work purposes YES NO
 Details: _____
- 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, boots, aprons) this year
 Details & amount spent: _____
- If you work **outdoors**, have you purchased sunscreen, hats or sunglasses YES NO
 Details & amount spent: _____
- Have you undertaken any **training** (TAFE, University, Online) during the year
 Details: _____ YES NO
 If so did you pay for course fees, books, stationary, photocopying, accommodation, tools, internet,
 computer 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

- Did you have any expenses relating to your investment income YES NO
 Details: _____
- 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 taxable income for the year _____
 Spouse's name and date of birth _____
- Did you have disability aids, attendant care or aged care expenses? YES NO
- Do you have **private health** insurance (Please attach letter from fund) YES NO
 Name of Fund _____ Membership number _____
 Benefit Code _____ Tax Claim Code _____
- Do you have **sickness and accident** insurance outside superannuation YES NO
 Details and amount spent: _____
- Have you or your spouse made **child support** payments YES NO
 Details and amount: _____

The signing of this form indicates your agreement to the terms and conditions, available upon request.
Signature.....Date.....