

# Individual Tax Return Questionnaire

Year Ended 30<sup>th</sup> June 201\_ (Enter Year)



Please email, fax or post this form back to our office **PRIOR** to your appointment:

**TO:** SBG Accountants & Business Advisors

**FAX:** (03) 9629 5944

**ATTENTION:**

**E-MAIL:** sbg@sbgaccountants.com.au

## INFORMATION FOR TAX RETURN

Name:		Spouse Name:	
DOB:		Spouse DOB:	
Address:		Postal Address:	
TFN:		Email:	
Phone:	W	H	M

## CHILDREN

Name:		Name:	
DOB:		DOB:	
School:	Primary/Secondary	School:	Primary/Secondary
Education Costs:		Education Costs:	
Name:		Name:	
DOB:		DOB:	
School:	Primary/Secondary	School:	Primary/Secondary
Education Costs:		Education Costs:	

## PAYG PAYMENT SUMMARIES (Please Attach or Fax All Slips)

Employer:	Occupation:	Gross:	Tax:
		\$	\$
		\$	\$
		\$	\$

## BANK INTEREST

Bank:	Amount:	TFN Credits:	Bank Charges:
	\$		
	\$		

## WORK EXPENSES (Please Attach Detailed Listing)

Motor Vehicle Type:		Self Education:	\$
Engine Size:		Seminars/Prof Dev:	\$
Work Kilometres:		Stationery:	\$
Taxi Fares:	\$	Uniform:	\$
Other Travel:	\$	Union Fees:	\$
Reference Books:	\$	Other Expenses:	Please Attach Details

## PRIVATE HEALTH INSURANCE

Fund Name:		Type of Cover:	
Membership No:		Days Covered:	Excess:
30% Rebate Claimed <input type="checkbox"/> Yes <input type="checkbox"/> No		Out-of-pocket Medical Expenses:	\$

## DO YOU HAVE ANY OF THESE ITEMS?

(If so, then please download additional forms from [www.sbgaccountants.com.au](http://www.sbgaccountants.com.au))

- Investment Income       Rental Properties  
 Investments Sold       Motor Vehicles Used for Work