

# Individual Tax Return Questionnaire

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



Please e-mail or post this form back to our office **PRIOR** to your appointment:

TO: More Than Numbers

ATTENTION: E-MAIL: [info@mtnaccounting.com.au](mailto:info@mtnaccounting.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: (Only applies to net eligible expenses for disability aids, attendant care or aged care from 1/7/15 – 30/06/19).		\$	

## DO YOU HAVE ANY OF THESE ITEMS?

(If so, then please download additional forms from

<http://www.mtnaccounting.com.au/our-resources/useful-links-and-forms/>

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|--|---|
| <input type="checkbox"/> Investment Income | <input type="checkbox"/> Rental Properties            |
| <input type="checkbox"/> Investments Sold  | <input type="checkbox"/> Motor Vehicles Used for Work |