

# Individual Tax Return Questionnaire

Year Ended 30<sup>th</sup> June 20\_\_ (Enter Year)

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

TO: Upside Accounting



ATTENTION:

E-MAIL:

[admin@upsideaccounting.com.au](mailto:admin@upsideaccounting.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.upsideaccounting.com.au](http://www.upsideaccounting.com.au))

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