

2010 Individual Tax Return Questionnaire



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

TO:

FAX:

ATTENTION:

E-MAIL:

INFORMATION FOR 2010 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

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