

2020 Civilian Clients TAX RETURN QUESTIONNAIRE



Be sure to save your information as you complete the form.

FULL NAME:

D.O.B:

Current Address:

Tax File Number:

Contact Number:

Email:

Bank BSB:

Account Number:

Occupation:

INCOME:

Total Bank Interest Earned:

Spouse's name:

Spouse's date of birth:

Spouse Taxable Income: \$

DEDUCTIONS: *Please List Total Values For Each Section*

1. Work Related Travel

(Does not include commute to and from work).

Estimated Kilometres Travelled:

Car Make/Model:

2. Uniform Expenses.

Work Uniform Purchases

(Runners/Boots not included):

Dry Cleaning:

Other Uniform Items:

3. Protective Items.

Sun Protection (Glasses, Hats, Sunscreen):

Protective Boots:

4. Communication

(Please list monthly plan/recharge rates and percentage related to work).

Mobile Phone Plan and Usage:

Internet Plan and Usage:

5. Work Related Expenses:

Work Tools Equipment:

Stationery:

Union/Professional Membership Fees:

Home Office Hours:

6. Donations

Various/Building Fund Contribution:

7. Tax Agent Fee from last year:

PREFERRED PAYMENT METHOD:

Credit Card **or**

Fee From Refund

* This is a general questionnaire to commence your tax return, more information may be required if you have other income sources.

* Please note that you must retain any receipts for deductions that you have claimed.

* Please list any other income/deductions not covered by this questionnaire in the e-mail.