

2023 Individual TAX RETURN QUESTIONNAIRE



Personal Details

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

Full Name: _____ D.O.B.: _____
Current Address: _____
Contact Number: _____ Email: _____
Tax File Number: _____ Occupation: _____
Bank BSB: _____ Account Number: _____

Spouse Details

Did you have a spouse during the financial year? Yes No
(If no spouse skip to Income section.)

Spouse's Name: _____ Spouse's D.O.B.: _____

No. of Dependents: _____ Spouse Taxable Income: _____

For the full year, was your spouse and dependants covered by private hospital cover? Yes No

Income

Total Bank Interest Earned:

Yes No

If yes, please tick all that apply

<input type="checkbox"/> Rental Income	<input type="checkbox"/> Small Business
<input type="checkbox"/> Share Dividends	<input type="checkbox"/> Foreign Income
<input type="checkbox"/> Share/Crypto Sales	<input type="checkbox"/> Managed Funds/ETF
<input type="checkbox"/> Other:	

**Please specify*

Preferred Payment Method:

Credit Card Fee From Refund

2023 Individual

TAX RETURN QUESTIONNAIRE

Deductions:

Please Note: You need to retain any receipts for deductions that you have claimed.

1. Work Related Travel (Does not include commute to and from work)

Do you salary sacrifice your vehicle? Yes No

Estimated Kms Travelled: Car Make/Model:

Description of work travel:

2. Uniform Expenses

Logo/Protective Uniforms Dry Cleaning

3. Protective Items

Sun Protection (Glasses, Hats, Sunscreen) Protective Boots

4. Communication

Mobile Phone Plan p/mth @ % Work use

Internet Plan p/mth @ % Work use

Home Office Hours p/wk for Weeks

Stationery

5. Work Equipment/Tools

Description	Cost	% Work Use	Description	Cost	% Work Use
-------------	------	------------	-------------	------	------------

6. Other Work Related Deductions

Donations

Tax Agent Fee from prior year

Other *(Please specify)*

* 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.