4/438 Samford Rd, Gaythorne Qld 4051 | (07) 3118 9505 | info@austaxqld.com.au

2023 Medical Professional
TAX RETURN QUESTIONNAIRE

austax (QLD) PTY LTD | PUBLIC ACCOUNTANTS

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

No. of employers: Total Bank Interest Earned:

Did you receive any additional income? Yes No

If yes, please tick all that apply

- Rental Income
- Small Business
- Share Dividends
- Foreign Income
- Share/Crypto Sales
- Managed Funds/ETF
- Other:

**Please specify*

Preferred Payment Method:

Credit Card Fee From Refund

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TAX DEDUCTION TIPS
Click Here

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 _____ Non-Slip Shoes _____

3. Professional Expenses

AHPRA Fees _____ Conference Expenses _____

Union Fees _____ Other Professional Memberships _____

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 individual tax return, more information may be required if you have other income sources.
* Please note that you need to retain any receipts for deductions that you have claimed.
* Please list any additional income/deductions not covered by this questionnaire in the body of your email.