

2024 Defence Force 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.:

Is your spouse a Defence Force Member? *(Please tick)* Yes No

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/Sales

Foreign Income

Crypto Investments

Managed Funds/ETF

Other:

**Please specify*

Preferred Payment Method:

Credit Card

Fee From Refund

2024 Defence Force

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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 (Runners/Boots not included)

PT Shirts Medal Mounting

Uniform Dry Cleaning Other Uniform

3. Protective Items

Sun Protection (Glasses, Hats, Sunscreen) Protective Boots

4. Communication

Monthly Mobile Plan % used for income earning purposes?

Monthly Internet Plan % used for income earning purposes?

Total Home Office Hours logged working from home?

5. Field Equipment/Tools

Description	Cost	% Work Use	Description	Cost	% Work Use
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6. Other Work Related Deductions

Donations Mess Fees

Tax Agent Fee from prior year Stationery

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.