

2024 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

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 Individual

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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

Logo/Protective Uniforms

Dry Cleaning

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. Work Equipment/Tools

Description

Cost

% Work Use

Description

Cost

% Work Use

6. Other Work Related Deductions

Donations

Stationery

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.