

Individual Tax Return Questionnaire

Year Ended 30th June 201_ (Enter Year)



Please email, fax or post this form back to our office **PRIOR** to your appointment:

TO: Hyde Cooper Wells Accountants

FAX: (03) 5995 3477

ATTENTION:

E-MAIL: info@hcwa.com.au

INFORMATION FOR TAX RETURN

Name:				Spouse Name:			
DOB:				Spouse DOB:			
Address:				Postal Address:			
TFN:				Email:			
Phone:	W		H		M		

CHILDREN

Name:				Name:			
DOB:				DOB:			
School:	Primary/Secondary			School:	Primary/Secondary		
Education Costs:				Education Costs:			
Name:				Name:			
DOB:				DOB:			
School:	Primary/Secondary			School:	Primary/Secondary		
Education Costs:				Education Costs:			

PAYG PAYMENT SUMMARIES (Please Attach or Fax All Slips)

Employer:	Occupation:	Gross:	Tax:
		\$	\$
		\$	\$
		\$	\$

BANK INTEREST

Bank:	Amount:	TFN Credits:	Bank Charges:
	\$		
	\$		

WORK EXPENSES (Please Attach Detailed Listing)

Motor Vehicle Type:		Self Education:	\$
Engine Size:		Seminars/Prof Dev:	\$
Work Kilometres:		Stationery:	\$
Taxi Fares:	\$	Uniform:	\$
Other Travel:	\$	Union Fees:	\$
Reference Books:	\$	Other Expenses:	Please Attach Details

PRIVATE HEALTH INSURANCE

Fund Name:				Type of Cover:			
Membership No:				Days Covered:			Excess:
30% Rebate Claimed <input type="checkbox"/> Yes <input type="checkbox"/> No				Out-of-pocket Medical Expenses:	\$		

DO YOU HAVE ANY OF THESE ITEMS?

(If so, then please download additional forms from www.hcwa.com.au)

- Investment Income Rental Properties
 Investments Sold Motor Vehicles Used for Work