

Individual Tax Return Questionnaire

Year Ended 30th June 201_ (Enter Year)



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

TO: Optimal Accounting Solutions

POST: PO Box 2252, Bundoora, VIC, 3083

ATTENTION:

E-MAIL: admin@optimalas.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.optimalas.com.au)						<input type="checkbox"/> Investment Income <input type="checkbox"/> Rental Properties <input type="checkbox"/> Investments Sold <input type="checkbox"/> Motor Vehicles Used for Work				