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**2017 Individual Tax Return Questionnaire**

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

**TO:** Success Accounting Group **E-MAIL:** grow@successaccountinggroup.com.au

 **PHONE: Springvale** (03) 8511 4047 / **Mentone** (03) 9583 0550 **FAX:** (03) 8511 4047

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| INFORMATION FOR 2017 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  Yes  No | **Out-of-pocket Medical Expenses:** | $ |
| DO YOU HAVE ANY OF THESE ITEMS? |  Investment Income  Rental Properties Investments Sold  Motor Vehicles Used for Work |