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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 | | | | | | | |