QUESTIONNAIRE | **Tax Returns (Individuals)**



TAX RETURN

**EOFY INFORMATION**

**Book Online** **https://calendly.com/lan**

**Call us** **(03) 95830550**

30 June 20\_\_\_\_INDIVIDUAL TAX RETURN

1. Please **complete / confrm** your details below to the best of your knowledge
2. All information supplied should be for the **period 1 July 202\_\_ to 30 June 202\_\_\_**, unless stated otherwise
3. **Provide all supporting documents** where prompted and applicable.
4. **Sign** where indicated and submit to our offce.
5. Once submitted we will review and book your end of fnancial year appointment with us

**GENERAL TAX INFORMATION**

|  |  |  |
| --- | --- | --- |
| **NAME** | **D.O.B.** | **TFN** |
|  |  |  |
| **SPOUSE** | **D.O.B.** | **TFN** |
|  |  |  |
| **EMAIL** |  |  |
|  |  |  |
| **WORK #** | **HOME #** | **MOBILE #** |
|  |  |  |
| **ADDRESS** |  |  |
|  |  |  |
| **POSTAL** |  |  |
|  |  |  |

**Bank Details** (If you are expecting a refund, you MUST provide the ATO your EFT Bank Details)

|  |  |  |  |
| --- | --- | --- | --- |
| BANK NAME | BSB # | ACCOUNT # | ACCOUNT NAME |
|  |  |  |  |
|  |  |  |  |

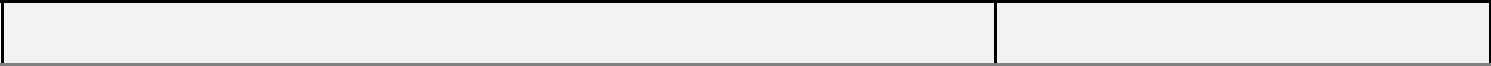
**Children**

|  |  |  |  |
| --- | --- | --- | --- |
|  | NAME | D.O.B. |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Page 1**

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QUESTIONNAIRE | **Tax Returns (Individuals)**



**Income Statements / PAYG Payment Summaries** (please attach all documents to the back of the form)

(If your employer is registered for STP (Single Touch Payroll) you will not receive a payment summary and you can access your income amounts via your myGov account)

|  |  |  |  |
| --- | --- | --- | --- |
| EMPLOYER | OCCUPATION | GROSS | TAX |
|  |  |  |  |
|  |  | $ | $ |
|  |  |  |  |
|  |  | $ | $ |
|  |  |  |  |
|  |  | $ | $ |
|  |  |  |  |
|  |  | $ | $ |
|  |  |  |  |
|  |  | $ | $ |
|  |  |  |  |

**Bank Interest**

|  |  |  |  |
| --- | --- | --- | --- |
| BANK | AMOUNT | TFN CREDITS | BANK CHARGES |
|  |  |  |  |
|  | $ | $ | $ |
|  |  |  |  |
|  | $ | $ | $ |
|  |  |  |  |
|  | $ | $ | $ |
|  |  |  |  |
|  | $ | $ | $ |
|  |  |  |  |
|  | $ | $ | $ |
|  |  |  |  |

**Work & Other Expenses** (please attach your detailed listing to the back of the form)

|  |  |  |  |
| --- | --- | --- | --- |
| EXPENSE TYPE | AMOUNT | EXPENSE TYPE | AMOUNT |
|  |  |  |  |
| Taxi Fares | $ | Reference Books | $ |
|  |  |  |  |
| Other Travel | $ | Stationery | $ |
|  |  |  |  |
| Uniform / Laundry | $ | Mobile Phone | $ |
|  |  |  |  |
| Sun Protection Items | $ | Internet | $ |
|  |  |  |  |
| Self-Education | $ | Memberships | $ |
|  |  |  |  |
| Union Fees | $ | Tools & Equipment | $ |
|  |  |  |  |
| Seminars / Prof Development | $ | Interest Expenses | $ |
|  |  |  |  |
| Gifts & Donations | $ | Income Protection Insurance | $ |
|  |  |  |  |
| Other Expenses | $ | ***(please include in detailed listing)*** |  |
|  |  |  |  |
| Home Offce Claim – COVID19 | Number of days working from home between 1 March 2021 and 30 June 2021: | | |
|  |  |  |  |

**Private Health Insurance**

|  |  |  |
| --- | --- | --- |
|  |  | ***YES - please provide your Private Health Statement (Your Private*** |
| Do you have private health insurance? | **☐** Y **☐** N | ***Health Insurer may not supply you with a summary statement in*** |
|  |  | ***2021 the ATO have advised these are no longer compulsory)*** |



**Page 2**

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QUESTIONNAIRE | **Tax Returns (Individuals)**



|  |  |  |
| --- | --- | --- |
| Do you have any of these items? |  | ***YES - please complete relevant sections below*** |
| Investment Income, Rental Properties, Investments | **☐** Y **☐** N | ***NO - please proceed to the end of the form, provide supporting*** |
| Sold or Motor Vehicles used for Work |  | ***documents, sign and send back to us.*** |
|  |  |  |

**INVESTMENT INFORMATION**

**Dividends**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| COMPANY | DATE PAID | UNFRANKED | FRANKED | IMP. CREDITS | TFN CREDITS |
|  |  |  |  |  |  |
|  |  | $ | $ | $ | $ |
|  |  |  |  |  |  |
|  |  | $ | $ | $ | $ |
|  |  |  |  |  |  |
|  |  | $ | $ | $ | $ |
|  |  |  |  |  |  |
|  |  | $ | $ | $ | $ |
|  |  |  |  |  |  |
|  |  | $ | $ | $ | $ |
|  |  |  |  |  |  |

**Unit Trusts**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| TRUST | TRUST | TFN CREDITS | IMP. CREDITS | CAPITAL | FOREIGN | FOREIGN TAX |  |
| INCOME | GAINS | INCOME |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | $ | $ | $ | $ | $ | $ |  |
|  |  |  |  |  |  |  |  |
|  | $ | $ | $ | $ | $ | $ |  |
|  |  |  |  |  |  |  |  |
|  | $ | $ | $ | $ | $ | $ |  |
|  |  |  |  |  |  |  |  |
|  | $ | $ | $ | $ | $ | $ |  |
|  |  |  |  |  |  |  |  |
|  | $ | $ | $ | $ | $ | $ |  |
|  |  |  |  |  |  |  |  |

**Investments Sold / Disposed**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| COMPANY / TRUST | DATE SOLD | NO. | AMOUNT | DATE | NO. | AMOUNT |  |
| SOLD | RECEIVED | PURCHASED | PURCHASED | PAID |  |
|  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  | $ |  |  | $ |  |
|  |  |  |  |  |  |  |  |
|  |  |  | $ |  |  | $ |  |
|  |  |  |  |  |  |  |  |
|  |  |  | $ |  |  | $ |  |
|  |  |  |  |  |  |  |  |
|  |  |  | $ |  |  | $ |  |
|  |  |  |  |  |  |  |  |
|  |  |  | $ |  |  | $ |  |
|  |  |  |  |  |  |  |  |

**MOTOR VEHICLE INFORMATION**

**Vehicle & Log Book**

|  |  |  |
| --- | --- | --- |
| **LOGBOOK KEPT** | **☐** Y **☐** N | **PERIOD COVERED BY LOGBOOK *(within last 5 fnancial years)*** |
|  |  |  |
| **VEHICLE PLATE NO.** |  | **MAKE & MODEL** |
|  |  |  |



**Page 3**

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|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | QUESTIONNAIRE | **Tax Returns (Individuals)** | | | |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **OWNER OF VEHICLE** |  | **DRIVE OF VEHICLE** |  |  |  |  |  |
|  |  |  |  | |  |  | |  |
|  | **TOTAL KMs TRAVELLED IN YEAR** |  | **BUSINESS KMs IN LOGBOOK PERIOD** | | | | |  |
|  |  |  |  |  |  |  |  |  |
|  | **DATE PURCHASED** |  | **PURCHASE PRICE** | $ | |  |  |  |
|  |  |  |  |  |  |  | |  |
|  | **HOW WAS VEHICLE FINANCED?** | **☐** Lease **☐** Paid Cash **☐** Chattel Mortgage | | **☐** Hire Purchase | | | |  |
|  |  |  |  |  |  |  |  |  |
|  | **DATE SOLD *(if in this tax year)*** |  | **SALE PRICE** | $ | |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **Running Costs** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | COST TYPE |  | ANNUAL AMOUNT (inc. GST) |  | MONTHLY PAYMENTS |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Fuel / Oil |  | $ |  |  |  |  |  |
|  |  |  |  |  | ***Please provide a copy of your Hire*** |  |  |  |
|  | Registration |  | $ |  |  |  |  |
|  |  |  | ***Purchase / Lease / Chattel Mortgage*** |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Insurance |  | $ |  | ***Agreement when you reach the end*** |  |  |  |
|  |  |  | ***of the form.*** |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Repairs & Maintenance |  | $ |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Lease Payments |  | $ |  | $ |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Hire Purchase / Chattel Mortgage Payments |  | $ |  | $ |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Interest Paid |  | $ |  | $ |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Services |  | $ |  | $ |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Tyres / Battery |  | $ |  | $ |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Membership Fees |  | $ |  | $ |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Parking & Tolls |  | $ |  | $ |  |  |  |
|  |  |  |  |  |  |  |  |  |



**Page 4**

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QUESTIONNAIRE | **Tax Returns (Individuals)**



**RENTAL PROPERTY INFORMATION *Please complete one of these schedules per Property.***

**Property Details**

**ADDRESS OF RENTAL PROPERTY**



|  |  |
| --- | --- |
| **DATE PURCHASED** | **DATE RENTAL INCOME FIRST EARNT** |
|  |  |
| **NO. WEEKS AVAILABLE FOR RENT *(this year)*** | **DATE BUILT** |
|  |  |
| **OWNERSHIP DETAILS** | **☐** In your name **☐** In joint names ***(please provide details)*** |
|  |  |

***Please provide the purchase settlement statement and other purchase costs, e.g. stamp duty, legal fees, renovations or initial repairs, and any loan application fees and/or mortgage discharge expenses when you reach the end of the form.***

**Income**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| GROSS RENT |  |  | OTHER RENTAL INCOME |  |  |  |
|  |  |  |  |  |  |  |
| $ |  |  | $ |  |  |  |
|  |  |  |  |  |  |  |
| **Expenses** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| EXPENSE TYPE | AMOUNT |  | EXPENSE TYPE |  | AMOUNT |  |
|  |  |  |  |  |  |  |
| Advertising for Tenants | $ |  | Stationery, Phone & Postage |  | $ |  |
|  |  |  |  |  |  |  |
| Borrowing Expenses | $ |  | Cleaning |  | $ |  |
|  |  |  |  |  |  |  |
| Council Rates | $ |  | Gardening / Lawn Mowing |  | $ |  |
|  |  |  |  |  |  |  |
| Insurance | $ |  | Interest on Loan(s) |  | $ |  |
|  |  |  |  |  |  |  |
| Land Tax | $ |  | Legal Fees |  | $ |  |
|  |  |  |  |  |  |  |
| Pest Control | $ |  | Property Management Fees |  | $ |  |
|  |  |  |  |  |  |  |
| Repairs & Maintenance | $ |  | Property Man. Commissions |  | $ |  |
|  |  |  |  |  |  |  |
| Body Corporate Fees | $ |  | Other Expenses |  | $ |  |
|  |  |  |  |  |  |  |
| Water Charges | $ |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Depreciable Items** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| ITEM |  | DATE PURCHASED | | COST | |  |
|  |  |  |  |  |  |  |
|  |  |  |  | $ |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | $ |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | $ |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | $ |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | $ |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | $ |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | $ |  |  |
|  |  |  |  |  |  |  |



**Page 5**

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QUESTIONNAIRE | **Tax Returns (Individuals)**



$

$

$

$

**Improvements / Construction Costs *Please provide a copy of your tax depreciation schedule prepared by third party below.***

|  |  |  |
| --- | --- | --- |
| ITEM | DATE | COST |
|  |  |  |
|  |  | $ |
|  |  |  |
|  |  | $ |
|  |  |  |
|  |  | $ |
|  |  |  |
|  |  | $ |
|  |  |  |
|  |  | $ |
|  |  |  |
|  |  | $ |
|  |  |  |
|  |  | $ |
|  |  |  |
|  |  | $ |
|  |  |  |
|  |  | $ |
|  |  |  |
|  |  | $ |
|  |  |  |
|  |  | $ |
|  |  |  |
| **OTHER INFORMATION *Please list any other information that you believe may assist us*** | |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**SUPPORTING DOCUMENT CHECKLIST**

Income Statement from your myGov Account / Payment Summaries

Detailed Work Expenses Listing Private Health Statement (Optional)



**Page 6**

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QUESTIONNAIRE | **Tax Returns (Individuals)**



Out of Pocket Medical Expense Claims Unit Trust Tax Year Summary

Motor Vehicle Hire Purchase / Lease / Chattel Mortgage Agreement Rental Property Purchase Settlement Statement / Costs

Rental Property Depreciation Schedule (as prepared by Third Party) Letter noting tax deductibility of Income Protection Premiums

Confrmation letter from your superannuation fund noting intent to claim tax deduction for contributions

Please complete the Authorisation below as this allows us to contact necessary organisations, (e.g. your bank or insurance company) to obtain information that is required to complete your Financial Statements and Tax Returns.

**AUTHORISATION**

I/We authorise **Success Accounting Group** to complete the compilation of Tax Return(s) for me/us for the 202\_\_ fnancial year. I/We understand that a compilation is limited to the collection, classifcation and summarisation of fnancial information supplied by me/us and does not involve the verifcation of that information. I/We do not require **Success Accounting Group** to carry out an audit or a review assignment on the information provided.

I/we authorise **Success Accounting Group** to obtain whatever information is required from third parties to complete the preparation of my/our Financial Statements and Tax Returns.

AUTHORISED SIGNATURE(S)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Date:



**Page 7**

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