



# 2024 Tax Return Questionnaire

Please complete both pages of this form to assist us in completing your income tax return.

South East Access Ulladulla (02) 4454 4444 www.southeastaccess.com.au

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

1. What was your main occupation this financial year \_\_\_\_\_
2. Do you have any dependents? If so, how many, and what ages are they? \_\_\_\_\_
3. Please let us know if there have been any changes in your family situation which may affect your tax. These include:
 

<input type="checkbox"/> Any of your children turned 16 since your last tax return	<input type="checkbox"/> New children
<input type="checkbox"/> Single/separation date _____	<input type="checkbox"/> New partner or married
<input type="checkbox"/> Any of your children have left home	

Details: \_\_\_\_\_

#### 4. INCOME: The ATO has information on your Payment Summary, Centrelink and Pension income

➤ Have you earned any interest from your bank accounts? YES NO

Details: \_\_\_\_\_

➤ Have you received any dividends or payments from other investments? YES NO

Details: \_\_\_\_\_

➤ Did you run your own business? YES NO

Details: \_\_\_\_\_

➤ Have you sold any shares, or other investments eg Crypto? YES NO

(Attach documents relating to their original purchase and their sale)

➤ Have you bought or sold any investment properties this year Land, House etc? YES NO

Details: \_\_\_\_\_

➤ Do you own a property which is rented, including Air B&B (Attach a rental property checklist) YES NO

#### 5. WORK EXPENSES:

➤ Do you ever use your own car for work - training and seminars, deliveries, client visits, carrying equipment weighing 20 kg's or more, etc? YES NO

If yes, where did you go? \_\_\_\_\_

How many kilometres have you travelled during the year for work purpose? \_\_\_\_\_

➤ Did you stay overnight anywhere for work purposes or travel by public transport? YES NO

Details: \_\_\_\_\_

➤ Do you have to wear a **uniform with a logo** or protective clothing for work? YES NO

➤ How much have you spent on uniforms or protective clothing (overalls, boots, aprons) this year?

Details & amount spent: \_\_\_\_\_

- If you work **outdoors**, have you purchased sunscreen, hats, or sunglasses? YES NO

Details & amount spent: \_\_\_\_\_

- Have you undertaken any **training** (TAFE, University, Online) during the year? YES NO

Details: \_\_\_\_\_

If so, did you pay for course fees, books, stationary, photocopying, accommodation, tools, internet, computer equipment or travelling costs relating to the course? YES NO

Details & amount spent: \_\_\_\_\_

- Have you paid for any - membership fees, union fees, books, magazines, journals, stationary, tools, computer equipment or any **other expenses** related to your work? YES NO

Details & amount spent: \_\_\_\_\_

- Do you use your mobile or internet for work? YES NO

Details & amount spent/month\$ \_\_\_\_\_ proportion of use work related \_\_\_\_\_

Any other consumables related to work \_\_\_\_\_

**OR**

- Do you work from home? YES NO

Details of hours (exact number of hours from a log book) \_\_\_\_\_

Details of other deductables \_\_\_\_\_

## 6. OTHER

- Did you have any expenses relating to your investment income? YES NO

Details: \_\_\_\_\_

- Have you made any **donations** to charity? YES NO

If yes, which ones and how much? \_\_\_\_\_

- How much did you pay for **preparing your tax** return last year? \_\_\_\_\_

- What is your spouse's taxable income for the year? \_\_\_\_\_

Spouse's name and date of birth \_\_\_\_\_

- Do you have **private hospital health** insurance? (Please attach letter from fund) YES NO

Name of Fund \_\_\_\_\_ Membership number \_\_\_\_\_

Benefit Code \_\_\_\_\_ Tax Claim Code \_\_\_\_\_

- Do you have **sickness and accident** insurance which is paid outside of your superannuation fund? YES NO

Details and amount spent: \_\_\_\_\_

- Did you make any personal Superannuation contributions? Please attach your confirmation letter. YES NO

- Have you or your spouse made **child support** payments? YES NO

Details and amount: \_\_\_\_\_

**The signing of this form indicates your agreement to the terms and conditions, available upon request.**

**Signature.....Date.....**