

2019 PERSONAL TAX QUESTIONNAIRE

NAME:.....

YES NO IN
OFFICE

Have you changed home, email address or banking details since your last tax return was lodged	<input type="checkbox"/>	<input type="checkbox"/>	
Did you receive from any source a pay as you go (PAYG) Payment Summaries including Superannuation Fund or Eligible Termination Payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any interest income during the year from any source together with any tax withheld. This includes your share of interest in joint accounts or interest from any account closed during the year. (Remember to include interest earned on accounts for which you are you are a trustee).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any company dividends, including the amount of related franking credits? (Please provide related dividend statements including dividend reinvestment purchases)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive distributions from other investments such as managed unit trusts (Please provide related distribution statements and annual tax summaries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you received income from renting a property? (A Rental Property schedule checklist is available)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you sold, disposed or gifted any assets, or alternately received or acquired property during the financial year (shares, real estate, business assets etc.) (Please provide dates, amounts and descriptions) (A Capital Gains Tax checklist is available)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you use your private car for work related purposes? (Advise/provide make and model of motor vehicle make together with diary or log book records of work/business kilometers traveled?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any home office expenses (Provide records detailing hours of use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For laundry claim - do you wear a compulsory uniform or protective clothing? If "yes", please answer the following two questions (the ATO have amended their Laundry Claim rules) (a) How many times a week do you wash your uniform/protective clothing (b) Is your uniform/protective clothing washed separately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you spend any money on work related books, journals and subscriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any mobile phone, home phone or internet expenses in relation to your employment? (Advise details and business percentage claims)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any meal or travel expenses in relation to your employment (must be a minimum of one overnight stay)? (Provide details and amount of claim for which appropriate documentation is held, e.g. receipts, as well as diary records if away from home for 6 nights or more)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	IN OFFICE
Did you spend any other money on expenses related to your employment? <i>(Advise amount and description of all work expenses, e.g. uniforms, tools protective clothing, sun protection costs, self education expenses, stationery costs)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you contribute to a superannuation fund for yourself or your spouse? <i>(Please provide us with the fund name and amount paid. Also provide the acknowledgement letter from the super fund if you are claiming a tax deduction)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make a donation to an approved charitable organization, a public institution, political party or school <i>(Provide details)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you spend any time during the year living or working in a remote area? <i>(Advise details including days spent in each area)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you have private health insurance cover during the year? <i>(Provide your Fund's annual health fund letter)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you pay premiums for a personal sickness and accident insurance or income protection policy? <i>(Please advise the premiums paid for the year)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you received and reviewed your superannuation fund's annual summaries to ensure all employer and voluntary contributions have been paid.	<input type="checkbox"/>	<input type="checkbox"/>	
Did you receive any other income? (Such as foreign source income, insurance bond redemptions, superannuation lump sums or pensions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay child support during year? <i>(If so, please provide total amount paid)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a spouse at any time during the year? <i>(If so, what was their income for the year less expenses but including any fringe benefits and salary sacrificed amounts)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Are your estate plans current including wills, enduring powers of attorney, superannuation binding nominations and health directives? If so please provide details of solicitor and where the wills are kept (ie with solicitor, at home in a safe) Solicitor :..... Where will is kept:.....	<input type="checkbox"/>	<input type="checkbox"/>	
Did you lodge a tax return for last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked Yes to any of the above questions, please ensure you have provided the necessary details.
Thank you for completing the above

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Taxpayer Signature

...../...../.....
Date