Individual Tax Return Questionnaire

Year Ended 30th June 201_ (Enter Year)



Here's a checklist to help you gather the receipts, tax invoices and supporting documentation you'll need to do your tax return. You may email or post this prior to your appointment. Feel free to contact us if you have any queries

TO: Scotts Chartered Accountants

ATTENTION:	E-MAIL:	info@scottsca.com.au

INFORMATION FOR TAX	RETURN			T				
Name:			Spouse Name:					
DOB:	Sp		Spouse DOB:	3:				
Address:	ress:		Postal Address:					
TFN:	E		Email:					
Phone:	w	н			М			
CHILDREN	<u> </u>					<u>'</u>		
Name:	N		Name:					
DOB:			DOB:					
School:	Primary/Secondary S		School: Prima		Primary	rimary/Secondary		
Education Costs:			Education Costs					
Name:			Name:	ame:				
DOB:			DOB:					
School:	Primary/Secondary		School:		Primary/Secondary			
Education Costs:			Education Costs	:				
PAYG PAYMENT SUMMA	ARIES (Please Attach or F	ax All Slips)						
Emplo	oyer:	Occupa	ion:		Gre	oss:	Tax:	
· · · · · · · · · · · · · · · · · · ·		-		\$			\$	
				\$			\$	
				\$			\$	
BANK INTEREST								
Bank:		Amount:						
Bar	nk:	Amou	nt:		TFN C	redits:	Bank Charges:	
Bar	nk:	Amou \$	nt:		TFN C	redits:	Bank Charges:	
Bar	nk:		nt:		TFN C	redits:	Bank Charges:	
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