



## 2020 PERSONAL TAX QUESTIONNAIRE

NAME.....	YES	NO
Have you changed your home, email address or banking details since your last tax return? <b>Please confirm your:</b> E-mail address..... Mobile number.....	<input type="checkbox"/>	<input type="checkbox"/>
How many employers did you have during 2019/2020? .....		
Please confirm your job title or job description .....		
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 or matured term deposits during the year. <b>Interest Income Amounts</b> .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any company dividends including those used for reinvestment? <i>(Please provide the            related dividend statements including dividend reinvestment purchase documentation)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive distributions from other investments such as managed unit trusts? <i>(Please provide related distribution statements and annual tax summaries)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you received income from renting a property? <i>(A Rental Property schedule checklist is available)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you sold, disposed or gifted any assets, or alternately received purchased or acquired property during the financial year? (shares, real estate, business assets etc.) <i>(Please provide dates, amounts and descriptions)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did you use your private car for work related purposes? <i>(Advise/provide make and model of motor vehicle make together with diary or logbook records of            work/business kilometres traveled?)</i> .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you work from home during 2019/2020? <b>Hours due to Covid-19</b> ..... <b>Ordinary Hours</b> .....	<input type="checkbox"/>	<input type="checkbox"/>
For laundry claim - do you wear a compulsory uniform or protective clothing? <i>If "yes", please            answer the following two questions.</i> <b>(a) How many times a week do you wash your uniform/protective clothing</b> ..... <b>(b) Is your uniform/protective clothing washed separately</b> Y / N	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any mobile phone, home phone or internet expenses in relation to your employment? <b>Phone</b> \$..... per month .....% work use <b>Internet</b> \$ ..... per month .....% work use	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Did you incur any meal or travel expenses in relation to your employment (must be a minimum of one overnight stay)? <i>(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).....</i> .....	<input type="checkbox"/>	<input type="checkbox"/>
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> <i>Description..... \$..... Description..... \$.....</i> <i>Description..... \$..... Description..... \$.....</i> <i>Description..... \$..... Description..... \$.....</i>	<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"/>
Did you donate to an approved charitable organization, a public institution, political party or school? <b>Details and Amounts</b> .....	<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"/>
Were you and your partner/spouse covered by have private health insurance during the 2019/2020 year? <i>(We no longer require your Fund's annual health fund letter)</i>	<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"/>
Have you received and reviewed your superannuation fund's annual statement to ensure all employer and voluntary contributions have been correctly received by the fund?	<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"/>
Did you or your partner/spouse pay child support during the 2019/2020 year? <i>(If so, please provide total amount paid) \$.....</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a partner / spouse that resided with you at any time during the 2019/2020 year? <i>(If so, what was their income for the year including any fringe benefits and salary sacrificed amounts less tax deductions)</i> <i>Name..... Date of birth ...../...../..... Income \$.....</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 (i.e. with solicitor, at home in a safe)  <b>Solicitor</b> :..... <b>Will Location</b> .....	<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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Signature

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