

# Tax Return Information

## Individual Tax Return Information



Please feel free to bring this form to your appointment or include with the information you send to us:

TO: WLF Accounting & Advisory

Client Name:

Dates to which this information relates: 1<sup>st</sup> July \_\_\_\_\_ to 30th June \_\_\_\_\_

### Information For Your Tax Return

Name:				Spouse Name:			
DOB:				Spouse DOB:			
Address:				Postal Address:			
TFN:				Email:			
Phone:	W		H		M		

### Children

Name:			Name:		
DOB:			DOB:		
School:	Primary	Secondary	School:	Primary	Secondary
Education Costs:			Education Costs:		
Name:			Name:		
DOB:			DOB:		
School:	Primary	Secondary	School:	Primary	Secondary
Education Costs:			Education Costs:		

### PAYG Payment Summaries (Please provide a copy of all PAYG Payment Summaries)

Employer:	Occupation:	Gross:	Tax:
		\$	\$
		\$	\$
		\$	\$

### Bank Interest

Bank:	Amount:	TFN Credits:	Bank Charges:
	\$		
	\$		

### Work Expenses (Please attach a detailed listing)

Motor Vehicle Type:		Self Education:	\$
Engine Size:		Seminars/Prof Dev:	\$
Work Kilometres:		Stationery:	\$
Taxi Fares:	\$	Uniform:	\$
Other Travel:	\$	Union Fees:	\$
Reference Books:	\$	Other Expenses:	Please Attach Details

### Private Health Insurance

Fund Name:			Type of Cover:		
Membership No:			Days Covered:	Excess:	
30% Rebate Claimed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Out-of-pocket Medical Expenses:	\$	
Do you have any of these items?			<input type="checkbox"/> Investment Income	<input type="checkbox"/> Rental Properties	
If so, then please find additional forms on our website			<input type="checkbox"/> Investments Sold	<input type="checkbox"/> Motor Vehicles used for Work	