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: Business Growth HQ

ATTENTION: E-MAIL:	info@businessgrowthhq.com.au
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INFORMATION FOR TAX RETURN									
Name:	S		Spouse Name:						
DOB:	S		Spouse DOB:						
Address:	P		Postal Address:						
TFN:			Email:		1				
Phone:	W	Н			М				
CHILDREN									
Name:			Name:						
DOB:	1		DOB:						
School:	Primary/Secondary S		School: Prim		Primary/	rimary/Secondary			
Education Costs:	E		Education Costs	Education Costs:					
Name:			Name:	Name:					
DOB:			DOB:						
School:	Primary/Secondary		School:		Primary/	Secondary			
Education Costs:			Education Costs	;:					
PAYG PAYMENT SUMMA	RIES (Please Attach or Fa	ax All Slips)							
Emplo	oyer:	Occupation:			Gros	is:	Tax:		
				\$			\$		
				\$			\$		
				\$			\$		
BANK INTEREST									
BANK INTEREST Bar	nk:	Amou	nt:		TFN Cre	edits:	Bank Charges:		
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		\$	nt: Self Educati	on:	TFN Cre	edits:	Bank Charges:		
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