INDIVIDUAL TAX RETURN

For the year ended 30 JuneClick here to enter year.

**Questionnaire**

[ ]  New Client (please provide your previous year’s Income Tax Return)

|  |  |
| --- | --- |
|  Referred by: |       |
|  Tax File Number: |       |

[ ]  Existing Client

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client Name: |        | DOB |       | Separate Net Income |
| Spouse Name: |        | DOB |       |       |
| Dependent: |        | DOB  |       |       |
| Dependent: |       | DOB |       |       |
| Street Address: |       |
| Postal Address: | Which postal address would you like us to provide the Australian Taxation Office?[ ]  T L C Taxation postal address or [ ]  Own postal address |
| Telephone No: | H |       | W |       | M |       |
| Email Address: |       |
| Occupation: |       |
| Work to be Completed: | [ ]  Income Tax Return [ ] Business Setup [ ] Bookkeeping Services[ ]  Other Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
| **Tax return processing**[ ]  Ring for appointment[ ]  Email/Post all required documents[ ]  I will always require a hard copy posted to me.  | **Preferred Method Of Contact**[ ]  Face-to-face only [ ]  Registered Post[ ]  Email or social media[ ]  Phone calls and text messages  | **Preferred Payment Method**[ ]  Cash[ ]  Cheque[ ]  Direct Debit [ ]  PayPal |

 |
|

|  |  |  |
| --- | --- | --- |
| EFT Details (for potential Income Tax Refund) | Account Name: |       |
| BSB: |       | Account Number: |       |

 |