**GLENN PANNAM ACCOUNTING**

**2022 Individual Tax Return Questionnaire**

Please email or post this form back to our office **PRIOR** to your appointment:

**Phone:** 03 92581600

**EMAIL:** [bill@dblegal.com.au](mailto:bill@dblegal.com.au), [glenn@dblegal.com.au](mailto:glenn@dblegal.com.au)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION – for New Client** | | | | | | | | | | | | |
| **Name:** |  | | | | | **Spouse name:** | | |  | | | |
| **DOB:** |  | | | | | **Spouse DOB:** | | |  | | | |
| **Address:** |  | | | | | **Spouse Taxable Income:** | | |  | | | |
|  | **No of Dependants:** | | |  | | | |
| **Email:** |  | | | | | | | | | | | |
| **TFN:** |  | | | | | | | | | | | |
| **Phone:** | **W** |  | | **H** |  | | | | **M** |  | | |
| **Bank Details for Refund: Account Name: BSB: A/C No:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **PAYG SUMMARIES (Group Certificates)** | | | | | | | | | | | | |
| **We will obtain your PAYG Summaries from the ATO Portal – please confirm these when we send you your tax return.** | | | | | | | | | | | | |
| **Bank Interest Received** | | | | | | | | | | | | |
| **Bank:** | | | **Amount:** | | | | **TFN Credits:** | | | | | **Bank Charges:** |
|  | | | **$** | | | |  | | | | |  |
|  | | | **$** | | | |  | | | | |  |
| **WORK EXPENSES** | | | | | | | | | | | | |
| **Business Travel Fare:** | | **$** | | | | **Self-Education:** | | | | | **$** | |
| **Business Travel Accommodation:** | | **$** | | | | **Seminars/Prof Dev:** | | | | | **$** | |
| **Uniform:** | | **$** | | | | **Reference Books:** | | | | | **$** | |
| **Uniform:** | | **$** | | | | **Stationery:** | | | | | **$** | |
| **Union Fees:** | | **$** | | | | **Other Expenses:** | | | | | **Please attach details** | |
| **Work Phone & Internet:** | | **$** | | | | **Work From Home hours:** | | | | | **$** | |
| **Computer:** | | **$** | | | | **Covid-19 Testing Expenses** | | | | | **$** | |
| **Charity Donation:** | | **$** | | | |  | | | | |  | |
| **PRIVATE HEALTH INSURANCE** | | | | | | | | | | | | |
| **Fund name:** | |  | | | | **Type of Cover:** | | □ **Hospital Cover**  □ **Extra Cover** | | | | |
| **Membership No:** | |  | | | |
| **DO YOU HAVE ANY OF THESE ITEMS?** | | | | | | □ Investment Income □ Rental Properties  □ Investments Sold □ Motor Vehicles used for Work | | | | | | |
|  | | | | | | | | | | | | |
| **Additional Notes:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |