**GLENN PANNAM ACCOUNTING**

**2020 Individual Tax Return Questionnaire**

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

**TO:** GLENN PANNAM ACCOUNTING **Phone:** 03 92581600

**ATTENTION: 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** | | | | | | | | | | | | | | | | | | | |
| **Name:** |  | | | | | | | **Spouse name:** | | | | |  | | | | | | |
| **DOB:** |  | | | | | | | **Spouse DOB:** | | | | |  | | | | | | |
| **Address** |  | | | | | | | **Postal address:** | | | | |  | | | | | | |
|  | | | | | | |  | | | | | | |
| **TFN:** |  | | | | | | | **Email:** | | | | |  | | | | | | |
| **Phone:** | **W** |  | | | | **H** |  | | | | | | **M** |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **PAYG PAYMENT SUMMARIES** | | | | | | | | | | | | | | | | | | | |
| **Employer:** | | | | | **Occupation:** | | | | | | **Gross:** | | | | | | **Tax:** | | |
|  | | | | |  | | | | | | **$** | | | | | | **$** | | |
|  | | | | |  | | | | | | **$** | | | | | | **$** | | |
|  | | | | |  | | | | | | **$** | | | | | | **$** | | |
|  | | | |  | | | | | | **$** | | | | | | **$** | | | |
| **BANK INTEREST** | | | | | | | | | | | | | | | | | | | |
| **Bank: （BSB/Acc#）** | | | **Amount:** | | | | | | **TFN Credits:** | | | | | | | **Bank Charges:** | | | |
|  | | | **$** | | | | | |  | | | | | | |  | | | |
|  | | | **$** | | | | | |  | | | | | | |  | | | |
|  | | | **$** | | | | | |  | | | | | | |  | | | |
| **WORK EXPENSES (Please Attach Detailed Listing)** | | | | | | | | | | | | | | | | | | | |
| **Business Travel Fare:** | | **$** | | | | | | **Self-Education:** | | | | | | | **$** | | | | |
| **Business Travel Accommodation:** | | **$** | | | | | | **Seminars/Prof Dev:** | | | | | | | **$** | | | | |
| **Uniform:** | | **$** | | | | | | **Reference Books:** | | | | | | | **$** | | | | |
| **Uniform:** | | **$** | | | | | | **Stationery:** | | | | | | | **$** | | | | |
| **Union Fees:** | | **$** | | | | | | **Other Expenses:** | | | | | | | **Please attach details** | | | | |
| **Work Phone & Internet** | | **$** | | | | | | **Work From Home hours (1 March to 30 June 2020)** | | | | | | |  | | | | |
| **Computer:** | | **$** | | | | | | **Other** | | | | | | |  | | | | |
| **Charity Donation:** | | **$** | | | | | | **Other** | | | | | | |  | | | | |
|  | |  | | | | | |  | | | | | | |  | | | | |
| **PRIVATE HEALTH INSURANCE** | | | | | | | | | | | | | | | | | | | |
| **Fund name:** | |  | | | | | | **Type of Cover:** | | | |  | | | | | | | |
| **Membership No:** | |  | | | | | | **Days Covered:** | | | |  | | | | | |  |  |
| **Insurance premium: $** | | | | | | | | **Insurance premium: $** | | | | | | | | | | **Code: 30** | |
| **Insurance premium: $** | | | | | | | | **Insurance premium: $** | | | | | | | | | | **Code: 31** | |
| **DO YOU HAVE ANY OF THESE ITEMS?** | | | | | | | | □ Investment Income □ Rental Properties  □ Investments Sold □ Motor Vehicles used for Work | | | | | | | | | | | |