

# Individual Tax Return Questionnaire

Year Ended 30<sup>th</sup> June 201\_ (Enter Year)



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

TO: Aspire Wealth Group

FAX: (03) 9497 4477

ATTENTION:

E-MAIL: [contact@aspirewealthgroup.com.au](mailto:contact@aspirewealthgroup.com.au)

## INFORMATION FOR 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 Attach or Fax All Slips)

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

## BANK INTEREST

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

## WORK EXPENSES (Please Attach 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?

(If so, then please download additional forms from [www.aspirewealthgroup.com.au](http://www.aspirewealthgroup.com.au)

- |  |   |
|--|---|
| <input type="checkbox"/> Investment Income | <input type="checkbox"/> Rental Properties            |
| <input type="checkbox"/> Investments Sold  | <input type="checkbox"/> Motor Vehicles Used for Work |