

2023 TAX RETURN QUESTIONNAIRE

2023 INDIVIDUAL TAX RETURN

- 1. Please complete / confirm your details below to the best of your knowledge.
- 2. All information supplied should be for the **period 1 July 2022 to 30 June 2023**, unless stated otherwise.
- 3. **Provide all supporting documents** where prompted and applicable.
- 4. **Sign** where indicated and submit to our office.
- 5. Once submitted we will review and book your end of financial year appointment with us.

YOUR CONTACT DETAILS

NAME	D.O.	3.	TFN
SPOUSE	D.O.	3.	TFN
EMAIL			
WORK #	HOME #	MO	BILE #
ADDRESS			
POSTAL			
Bank Details (If you are exp	pecting a refund, you MUST provi	de the ATO your EFT Bank De	tails)
BANK NAME	BSB #	ACCOUNT # AC	COUNT NAME

Children

NAME	Date of Birth

Income Statements (Please attach all documents to the back of the form. You can access your Income Statements from your employer via your myGov account)



EMPLOYER	OCCUPATION	GROSS	TAX
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Bank Interest

BANK	AMOUNT	TFN CREDITS	BANK CHARGES
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Work & Other Expenses (please attach your detailed listing to the back of the form)

EXPENSE TYPE	AMOUNT	EXPENSE TYPE	AMOUNT
Taxi Fares	\$	Reference Books	\$
Other Travel	\$	Stationery	\$
Uniform / Laundry	\$	Mobile Phone	\$
Sun Protection Items	\$	Internet	\$
Self-Education	\$	Memberships	\$
Union Fees	\$	Tools & Equipment	\$
Seminars / Prof Development	\$	Interest Expenses	\$
Gifts & Donations	\$	Income Protection Insurance	\$
Other Expenses	\$	(please include in detailed listi	ng)
Home Office Claim – COVID19	Attach "2023 Working from Ho	me Diary Template" for us to disc	cuss your claim.
Private Health Insurance			

Private Health Insurance

Do you have private health insurance?	$\square Y \square N$	
Do you have any of these items? Investment Income, Rental Properties, Investments Sold or Motor Vehicles used for Work	□Ү□Ν	YES - please complete relevant sections below NO - please proceed to the end of the form, provide supporting documents, sign and send back to us.



INVESTMENT INFORMATION

Dividends

COMPANY	DATE PAID	UNFRANKED	FRANKED	IMP. CREDITS	TFN CREDITS
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

Unit Trusts

TRUST	TRUST INCOME	TFN CREDITS	IMP. CREDITS	CAPITAL GAINS	FOREIGN INCOME	FOREIGN TAX
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$

Investments Sold / Disposed

COMPANY / TRUST	DATE SOLD	NO. SOLD	AMOUNT RECEIVED	DATE PURCHASED	NUMBER PURCHASED	AMOUNT PAID
			\$			\$
			\$			\$
			\$			\$
			\$			\$
			\$			\$

Superannuation Contributions (Please list your total Personal (NOT Employer) Superannuation contributions)

SUPER FUND NAME	TOTAL AMOUNT
	\$



Cryptocurrency

Do you have ANY Cryptocurrency transactions during the year?	□Y□N	YES – we will need to liaise with you to have your Crypto transactions uploaded into a tax calculator to calculate you Crypto gains for tax purposes.
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MOTOR VEHICLE INFORMATION

Vehicle & Log Book

LOGBOOK KEPT	PERIOD COVERED BY LOGBOOK (within last 5 financial years)
VEHICLE PLATE NO.	MAKE & MODEL
OWNER OF VEHICLE	DRIVE OF VEHICLE
TOTAL KMs TRAVELLED IN YEAR	BUSINESS KMs IN LOGBOOK PERIOD
DATE PURCHASED	PURCHASE PRICE \$
HOW WAS VEHICLE FINANCED?	□ Lease □ Paid Cash □ Chattel Mortgage □ Hire Purchase
DATE SOLD (if in this tax year)	SALE PRICE \$

Running Costs

COST TYPE	ANNUAL AMOUNT (inc. GST)	MONTHLY PAYMENTS
Fuel / Oil	\$	
Registration	\$	Please provide a copy of your Hire Purchase / Lease / Chattel
Insurance	\$	Mortgage Agreement when you reach the end of the form.
Repairs & Maintenance	\$	
Lease Payments	\$	\$
Hire Purchase / Chattel Mortgage Payments	\$	\$
Interest Paid	\$	\$
Services	\$	\$
Tyres / Battery	\$	\$
Membership Fees	\$	\$
Parking & Tolls	\$	\$



RENTAL PROPERTY INFORMATION Please complete one of these schedules per Property.

Property Details

ADDRESS OF RENTAL PROPERTY

DATE PURCHASED D		TE RENTAL INCOME FIRST EARNT
NO. WEEKS AVAILABLE FOR R	ENT (this year)	DATE BUILT
OWNERSHIP DETAILS	□ In your name	☐ In joint names (please provide details)

Please provide the purchase settlement statement and other purchase costs, e.g. stamp duty, legal fees, renovations or initial repairs, and any loan application fees and/or mortgage discharge expenses when you reach the end of the form.

Income

GROSS RENT	OTHER RENTAL INCOME
\$	\$

Expenses

EXPENSE TYPE	AMOUNT	EXPENSE TYPE	AMOUNT
Advertising for Tenants	\$	Stationery, Phone & Postage	\$
Borrowing Expenses	\$	Cleaning	\$
Council Rates	\$	Gardening / Lawn Mowing	\$
Insurance	\$	Interest on Loan(s)	\$
Land Tax	\$	Legal Fees	\$
Pest Control	\$	Property Management Fees	\$
Repairs & Maintenance	\$	Property Man. Commissions	\$
Body Corporate Fees	\$	Other Expenses	\$
Water Charges	\$		

Depreciable Items

ITEM	DATE PURCHASED	COST
		\$
		\$
		\$



ITEM	DATE PURCHASED	COST
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Improvements / Construction Costs Please provide a copy of your tax depreciation schedule prepared by third party below.

ITEM	DATE	COST
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

OTHER INCOME OR EXPENSES Please list any other information that you believe may assist us			



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☐ Income Statement from your myGov Account / F☐ ☐ Detailed Work Expenses Listing ☐ Private Health Statement (Optional) ☐ Out of Pocket Medical Expense Claims ☐ Unit Trust Tax Year Summary ☐ Motor Vehicle Hire Purchase / Lease / Chattel Mo ☐ Rental Property Purchase Settlement Statement / ☐ Rental Property Depreciation Schedule (as prepodent Letter listing tax deductibility of Income Protection Confirmation letter from your superannuation contributions	ortgage Agreement Costs ared by Third Party)
Please complete the Authorisation below as this allow bank or insurance company) to obtain informati Statements and Tax Returns.	
AUTHORISATION	
I/We authorise The Garis Group to complete the confinancial year. I/We understand that a compilative summarisation of financial information supplied by not information. I/We do not require The Garis Group to information provided.	on is limited to the collection, classification and ne/us and does not involve the verification of that
I/we authorise The Garis Group to obtain whatever in the preparation of my/our Financial Statements and	
AUTHORISED SIGNATURE(S)	
<u> </u>	·
Date:	Date: