

Tax Return Information Form

2014 Individual Tax Return

KEYPOINT

Tax Accountants. Business Advisors.

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

TO: Keypoint Business Consultants
ATTENTION:

FAX: 07 5571 2777
E-MAIL: info@keypointbc.com.au
PHONE: 07 5585 0600

CLIENT NAME:

CLIENT SIGNATURE:

INFORMATION FOR 2014 TAX RETURN (1 July 2013 to 30 June 2014)

Name:

Spouse Name:

DOB:

Spouse DOB:

Residential
Address:

Postal Address:

TFN:

Email:

Phone:

W

H

M

BANK DETAILS (as of 1 July 2014, if you are expecting a refund, you **MUST** provide the ATO your EFT Bank Details)

Account Name:

Bank Name:

BSB:

Account No.:

CHILDREN

Name:

Name:

DOB:

DOB:

Name:

Name:

DOB:

DOB:

PAYG PAYMENT SUMMARIES (Please Attach, Fax or Email All Slips)

Employer:

Occupation:

Gross:

Tax:

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BANK INTEREST

Bank:

Amount:

TFN Credits:

Bank Charges:

\$

\$

WORK & OTHER EXPENSES (Please Attach, Fax or Email Detailed Listing)

Motor Vehicle Type:

Reference Books:

\$

Engine Size (litres):

Stationery:

\$

Work Kilometres:

Mobile Phone:

\$

Taxi Fares:

\$

Internet:

\$

Other Travel:

\$

Memberships:

\$

Uniform/Laundry:

\$

Tools & Equipment:

\$

Sun Protection Items:

\$

Interest expenses:

\$

Self-Education:

\$

Gifts & Donations:

\$

Union Fees:

\$

Income Protection Insurance:

\$

Seminars/Prof Development:

\$

Other Expenses:

Please Attach Details

PRIVATE HEALTH INSURANCE - Must provide Health Fund Statement

Fund Name:

Type of Cover:

Membership No:

Days Covered:

Excess:

Rebate Claimed?

Yes No

Out-of-pocket Medical Expenses:

\$

If Yes What %

10% 20% 30%

31% 35% 36% 40% 41%

DO YOU HAVE ANY OF THESE ITEMS?

(If so, then please download additional forms from
www.keypointbc.com.au)

Investment Income Rental Properties

Investments Sold Motor Vehicles used for Work