

Tax Return Information Form

2015 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**

FAX: 07 5571 2777

ATTENTION:

E-MAIL: info@keypointbc.com.au

PHONE: 07 5585 0600

CLIENT NAME:

CLIENT SIGNATURE:

INFORMATION FOR 2015 TAX RETURN (1 July 2014 to 30 June 2015)

Name:

Spouse Name:

DOB:

Spouse DOB:

Residential
Address:

Postal Address:

TFN:

Email:

Phone: **W**

H

M

BANK DETAILS (as of 1 July 2015, 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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\$

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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