

# 2022 Individual Tax Questionnaire



Title  Mr  Mrs  Ms  Miss

Name \_\_\_\_\_

Phone / mobile \_\_\_\_\_

Home address \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Contact email \_\_\_\_\_

Tax file number \_\_\_\_\_ Date of birth \_\_\_\_\_

Occupation \_\_\_\_\_

Bank account details (for direct crediting of your Tax Refund)

Account name \_\_\_\_\_

BSB number \_\_\_\_\_

Account number \_\_\_\_\_

1a Are you a resident for tax purposes?  Yes  No

A2 Have you been in Australia for the full financial year?  Yes  No

Date entered \_\_\_\_\_

Date left \_\_\_\_\_

2 Are you in Australia on a Visa?  No  Yes

Type of Visa \_\_\_\_\_ Date Obtained \_\_\_\_\_

(Working Holiday Visa 417 & 462, 15% from every dollar earned up to \$37,000, then normal non-resident rates apply)

3 Are you entitled to use the Medicare system?  Yes  No

**Provide your Medicare Entitlement Statement**

For a copy of this certificate, contact Medicare directly on 1300 300 271

A5 Did you have a spouse (married or de facto) at 30 June 2020?  No  Yes

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Adjusted Taxable Income \_\_\_\_\_

Adjusted Taxable Income At <https://www.ato.gov.au/Individuals/Income-and-deductions/Income-tests/#AdjustedTaxableIncor>

IT7 Did you pay child support?  No  Yes

Amount paid \_\_\_\_\_

IT8 Do you have dependent children?  No  Yes

Number of children \_\_\_\_\_

Are you registered with Family Assistance Office?  No  Yes

M2 Do you have Private Health Insurance cover?  No  Yes

**Provide your Private Health Insurance "End of Financial Year" Statement**

If you received a government rebate reducing the cost of your Private Health Insurance policy, you may be required to pay back part or all of your rebate back depending on your ATI or your family's ATI

If you (and your family, ) do not have Private Health Insurance cover, you may be levied an additional 1% and 1.5% of your Taxable Income. This is called the Medicare Levy Surcharge

Visit <http://www.privatehealth.gov.au/dynamic/healthfundlist.aspx> to see if your health fund is applicable

T3 Have you made Superannuation contributions for your spouse?  No  Yes

Total \_\_\_\_\_

(Max \$3000 Contribution for \$540 Rebate for Spouse with income <\$40,000)

T4 For work purposes, did you reside/live in a remote area for greater than 183 days? The Zone Rebate has been modified to exclude fly in / fly out workers

Did you serve in an overseas force?  Yes  No

Remote area \_\_\_\_\_ Number of days \_\_\_\_\_

Remote area \_\_\_\_\_ Number of days \_\_\_\_\_

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T5 Did you pay for expenses relating to disability aids, attendant care or aged care?

No  
 Yes

Provide a summary of your expense claims relating to disability aids, attendant care or aged care

T6 Did you maintain an invalid or carer of an invalid who received an applicable disability or service pension who is not your spouse?

Did you maintain a spouse who is an invalid or cares for an invalid who received an applicable disability or service pension?

Name of invalid or carer \_\_\_\_\_  
ATI of invalid or carer of invalid \_\_\_\_\_  
Number of days of care \_\_\_\_\_

Name of carer or invalid spouse \_\_\_\_\_  
ATI of carer or invalid spouse \_\_\_\_\_  
Number of days of care \_\_\_\_\_

## INCOME

1 Did you receive any of the following additional Income?

Lump sum payments from your employer  
 Eligible termination payment from your employer  
 Annuity and superannuation income stream  
 Superannuation lump sum (paid to persons under 60 are taxable)

Provide all documentation

10 Did you earn any bank interest?

No  
 Yes

Bank Name	Amount	Tax Withheld	Ownership percentage

11 Did you receive any dividends (including dividends from reinvestment schemes)?

No  
 Yes

Provide your dividend statements & Dividend Reinvestment

Company Name	Unfranked	Franked	Franking Credit	Tax Withheld

12 Did you take part in any Employee Share Schemes?

No  
 Yes

Provide all correspondence relating to your Employee Share Scheme

13 Did you receive any income from managed funds or cash management trusts?

No  
 Yes

Provide Annual Tax Statements for Trusts

15 Did you earn any income from a business?

No  
 Yes

Provide a summary of your business income & expenses and relevant documents

18 Did you sell any shares, property or other investments?

No  
 Yes

Provide settlement statements / buy & sell contracts / other relevant documents

20 Did you receive income from a foreign source?

No  
 Yes

Provide statements of your foreign source income and other relevant documents

21 Did you earn income (or make a loss) from an investment property?

No  
 Yes

Provide Agent Statements / summary of rental income & expenses / relevant documents

24 Did you receive any other income, such as from an insurance policy or investment?

No  
 Yes

Provide a summary / evidence of other income

## DEDUCTIONS (excluding any expenses reimbursed from your employer)

D1 Did you have any work related motor vehicle travel?

 No  
 Yes

Provide evidence work related travel e.g. a letter from your employer

Did you record a 12 week logbook?

 No  
 Yes

Provide your log book (68 cents per Km)

Business kms	_____	Fuel	_____
		Registration	_____
Logbook %	_____	Insurance	_____
Registration no.	_____	Interest / Lease costs	_____
Make of car	_____	Repairs & services	_____
Model of car	_____	Other	_____
Date car purchased	_____		_____
Purchase cost	_____		_____

Provide a brief description on how your travel is business related

D2 Did you have any other work related travel?

 No  
 Yes

Did you maintain a travel diary? (Required for travel > 5 nights)

 No  
 Yes

Days Travelled \_\_\_\_\_

Airfares	_____	Taxi fares	_____
Accommodation	_____	Parking costs	_____
Meals	_____	Tram fares	_____
Incidentals	_____	Train fares	_____

D3 Did you wear protective clothing or a uniform with a logo on it?

 No  
 Yes

Did you launder your uniform? (ATO allowance \$1 per load)

 No  
 Yes

Uniform costs	_____	Non-slip shoes	_____
Protective clothing & shoes	_____	Dry cleaning	_____

D4 Did you pay for any self education expenses relating to your current employment?

 No  
 Yes

Provide your course documentation

Course name and Institution	_____	
Course fees (excl HECS-HELP)	_____	Stationery, photocopying _____
Union fees	_____	Books _____
Travel costs	_____	Other _____

Provide a brief explanation on how the self education relates to your current employment

D5 Did you have other work related expenses?

 No  
 Yes

	Amount	Business %	Business % x Amount
Seminars			
Stationery			
Computer software			
Home phone costs			
Mobile phone costs			
Internet charges			
Subscriptions			
Journals & periodicals			
Union fees			
Tools & Equipment			
_____			
_____			

Did you work from home, have a dedicated home office and maintained a logbook. (Hourly rate 52 cents, from 1/03/2020 80 cents to cover all home office expenses)?

 No  
 Yes

Hours per week home office was used \_\_\_\_\_  
 Total number of weeks \_\_\_\_\_

Did you purchase any assets for work related purposes?

 No  
 Yes

Provide invoices / date and cost of each asset purchased

# 2022 Individual Tax Questionnaire



D7/8 Did you pay interest on an investment loan for shares or managed funds?

No  
 Yes

Provide investment loan statements

D9 Did you make any donations of \$2 or more to an eligible organisation?

No  
 Yes

Charity name	Amount

D10 Did you pay for Tax Agent fees last year?

No  
 Yes

Total \_\_\_\_\_

Did you pay for Investment or Business advice?

No  
 Yes

Provide invoices itemising the advice

D12 Personal Superannuation Contributions

Did you provide your fund (including a retirement savings account) with a notice of intent to claim a deduction for personal superannuation contributions, and receive an acknowledgement from your fund?

Yes  No

Full name of Fund \_\_\_\_\_ Account Number \_\_\_\_\_  
 Fund ABN \_\_\_\_\_ Fund Tax File Number \_\_\_\_\_

Provide confirmation from your Superannuation Fund

D15 Did you pay for income protection insurance (excluding premiums paid by your employer or within your superannuation fund)?

No  
 Yes

Provide end of year Income Protection Insurance statement

Date of last review \_\_\_\_\_

A review of your insurance policies should be performed every 3 years to ensure your cover is adequate

Would you like a review of any of the following Financial Services ?

- \* Property Investment
- \* Mortgage & Lending
- \* Life Insurance & Income Protection
- \* Superannuation
- \* Estate Planning

D15 Any other deductions?

No  
 Yes

Provide summary / evidence of other expenses

I declare that the information I have given in this questionnaire including any attachments are true and correct. I have the necessary receipts and/or other records - or expect to obtain the necessary written evidence within a reasonable time of lodging my tax return to support my claims for deductions and rebates.

Taxpayer signature:  Date: \_\_\_\_\_

Once you have completed this questionnaire please attach all relevant documentation and forward

- To:** MDB Taxation And Business Advisors Pty Ltd  
**Via email:** reception@mdbco.com.au  
**Via post:** PO BOX 12883  
 A'Beckett Street Post Office  
 Melbourne VIC 8006  
**Via fax:** (03) 9349 1186

Once your Tax Return is prepared and lodged, the Australian Taxation Office will issue you a Notice of Assessment (usually within 14 days). Our office will then send the notice to you by email or post. If you have a myGov account, the notice will instead be available for download by logging onto the myGov website.