

INDIVIDUAL TAX RETURN QUESTIONNAIRE

Please complete all relevant sections and provide the supporting documents available.
Complete information helps us review and prepare your tax return accurately and efficiently.



CLIENT DETAILS

For the financial year ended 30 June 2026

Full Name

Date of Birth

Tax File Number

Main Occupation

Phone
(tick preferred)

☐

Home:

☐

Mobile:

Email Address

Residential
Address

Street address

City

State

Postcode

Postal Address

Same as residential address?

☐

Yes

☐

No

if different

Street address

City

State

Postcode

Marital Status

☐

Single

☐

Married

☐

De Facto

☐

Separated

☐

Divorced

☐

Widowed

Were you an Australian resident for tax purposes for the full financial year?

☐

Yes

☐

No

☐

Unsure

If no, provide the relevant dates or details:



BANK DETAILS

Please provide the account details to be used for any tax refund.

Account Name

BSB

Account Number



EMPLOYMENT & GOVERNMENT INCOME

Please select all income received during the financial year.

Employment Income

- | | | |
|--|---|---|
| ☐ Salary, Wages or Allowances | ☐ Employment Termination Payment | ☐ Lump-Sum Payment |
| ☐ STP Income Statement / PAYG Summary | ☐ Foreign Employment Income | |

Government Income

- | | | |
|---|--|---|
| ☐ Centrelink Payment | ☐ Parenting Payment | ☐ Pension Income |
| ☐ JobSeeker / Other Government Payment | | |

Additional Details



INVESTMENT & OTHER INCOME

Please select all other income received during the financial year.

Income Received

- | | | |
|---|---|--|
| ☐ Bank Interest | ☐ Managed Fund Distributions | ☐ Dividends |
| ☐ Foreign Income / Investments | ☐ Partnership or Trust Distributions | ☐ Cryptocurrency Income |
| ☐ Rental / Airbnb Income | ☐ Other Income | |

Additional Details



SOLE TRADER / ABN INCOME

Complete this section if you operated a business or earned income using an ABN.

Business Name

ABN

GST registered ?

☐ Yes

☐ No

Main Business Activity

Accounting Software

☐

Xero

☐

MYOB

☐

QuickBooks

☐

Other

☐

Not Applicable

Income Records Available

☐

Invoices Issued

☐

Sales / Income Summaries

☐

Bank Statements

☐

Accounting Software Reports / Access

☐

Cash Income Details

☐

Other Income Records

Business Expenses

☐

Vehicle Expenses

☐

Tools and Equipment

☐

Materials and Supplies

☐

Software and Subscriptions

☐

Phone and Internet

☐

Insurance

☐

Advertising and Marketing

☐

Home-Based Business Expenses

☐

Other Business Expenses

Vehicle Use

Estimated Business Kilometres Travelled:

Logbook Available

☐

Yes

☐

No

☐

N/A

Home-Based Business

Did you operate the business from home?

☐

Yes

☐

No

Approximate Business-Use Percentage, if known

Additional Details



RENTAL PROPERTY / AIRBNB

Complete this section if you received rental or short-term accommodation income.

Documents and Information

- | | | |
|--|--|--|
| ☐ Rental Agent Annual Statement | ☐ Loan Interest Statement | ☐ Council Rates |
| ☐ Airbnb Income Summary | ☐ Landlord Insurance | ☐ Water Rates |
| ☐ Body Corporate / Strata Fees | ☐ Repairs and Maintenance | ☐ Depreciation Schedule |
| ☐ Purchase Settlement Documents | ☐ Sale Settlement Documents | ☐ Other Property Expenses |

Property Details

Property Address

Ownership Percentage

Date First Rented

Was the property used privately during the year?

☐ Yes

☐ No

If yes, number of private-use days:

Was the property sold during the year?

☐ Yes

☐ No

Additional Details



SHARES, CRYPTO & CAPITAL GAINS

Complete this section if you sold, exchanged or otherwise disposed of an investment or asset.

Transactions and Information

- | | | |
|---|---|---|
| ☐ Shares Sold | ☐ Cryptocurrency Sold / Exchanged | ☐ Investment Property Sold |
| ☐ Managed Fund Investments | ☐ Capital Losses from Previous Years | ☐ Other Assets Sold |



Supporting Documents:

Please provide relevant annual tax statements, transaction summaries, purchase and sale records or settlement documents.

Additional Details



WORK - RELATED DEDUCTIONS

Include expenses directly related to earning employment income that were not reimbursed.

Vehicle Expenses

Vehicle Make / Model

Estimated Work-Related
Kilometres

Logbook Available

☐

Yes

☐

No

☐

N/A

Parking and Tolls

\$

Travel Expenses

☐

Flights

☐

Accommodation

☐

Taxi / Rideshare

☐

Meals while travelling for work

Travel Purpose / Number of Nights Away

Clothing & Protective Items

☐

Compulsory Uniform

☐

Protective Clothing

☐

High-Visibility Clothing

☐

Safety Boots / Protective Footwear

☐

Laundry Expenses

☐

Sunscreen, Hats & Sunglasses

Self-Education Expenses

☐

Course Fees

☐

Books and Stationery

☐

Seminars and Training

☐

Other Study Expenses

Course Name

How did the study relate to your current work?



Supporting Documents:

Please provide available records supporting the expenses selected above, including receipts, invoices, travel records, logbooks and course documents.

Additional Details



OTHER WORK-RELATED EXPENSES

Select any additional employment expenses and provide records where available.

Expense Categories

- | | | |
|---|---|---|
| ☐ Phone Expenses | ☐ Tools & Equipment | ☐ Union Fees |
| ☐ Internet Expenses | ☐ Laptop / Computer / Tablet | ☐ Subscriptions & Licences |
| ☐ Home office expenses | ☐ Professional Memberships | ☐ Stationery & Printing |

Work-Use Percentage: Phone % Internet %

Working From Home

Total Hours Worked from Home

Records of Hours Available? ☐ Yes ☐ No

Tools and Equipment

Please list major tools or equipment purchased for work.

Item 1 : Date:

Cost : \$ Work Use %

Item 2: Date:

Cost : \$ Work Use %

Additional Details

Provide any additional work-related expense details below. Attach purchase records / a separate item list if required.



OTHER DEDUCTIONS

Select any other expenses or contributions that may be relevant.

- | | | |
|--|---|---|
| ☐ Donations of \$2 or more | ☐ Personal Super Contributions | ☐ Interest on Investment Loans |
| ☐ Income Protection Insurance | ☐ Tax Agent Fees | |

Other — Please Specify:



FAMILY, MEDICARE & PRIVATE HEALTH

Complete this section where applicable to your family, Medicare or private health circumstances.

Private Health and Medicare

☐ Private Health Insurance Statement ☐ Medicare Entitlement Statement / Other exemption evidence

Were you covered for the full financial year? ☐ Yes ☐ No ☐ N/A

If No, coverage dates: to

Did you have a spouse at any time during the financial year? ☐ Yes ☐ No

Spouse Details

Spouse Name

Spouse Date of Birth

Approximate Taxable Income \$

Dependent Children

Do you have dependent children? ☐ Yes ☐ No

Names and Dates of Birth

Medicare Levy Exemption *Complete only if applicable.*

Visa Type

Country of Citizenship

Date Arrived in Australia

Exemption Period / Relevant Dates



Supporting Documents:

Please attach any relevant private health insurance or Medicare exemption documents.

Additional Details



IMPORTANT TAX QUESTIONS

Please select Yes or No for each question.

Buy, sell or exchange cryptocurrency?

☐ Yes ☐ No

Buy or sell shares?

☐ Yes ☐ No

Buy or sell property?

☐ Yes ☐ No

Receive cash income?

☐ Yes ☐ No

Start a business or ABN?

☐ Yes ☐ No

Work from home?

☐ Yes ☐ No

Use your own vehicle for work?

☐ Yes ☐ No

Make personal super contributions?

☐ Yes ☐ No

Receive overseas income?

☐ Yes ☐ No

Have a HELP, VSL or other study loan?

☐ Yes ☐ No



CLIENT DECLARATION

I confirm that the information provided in this questionnaire is true, complete and accurate to the best of my knowledge. I understand that I am responsible for providing all relevant income, deductions and supporting documents required to prepare my tax return.

Client's Signature:

Date:

TR Accounting Services provides bookkeeping & BAS services directly. Individual tax return services are provided in partnership with Easy Tax Solutions, with returns reviewed & lodged by the registered tax agent.

A non-refundable \$50 upfront payment is required before work commences. This payment will be credited toward the final invoice when the tax return is completed.



OFFICE USE ONLY

ID Verification Completed

☐ Yes ☐ No

Engagement Letter Signed

☐ Yes ☐ No

Documents Received

☐ Yes ☐ No

Upfront Payment Received

☐ Yes ☐ No

Further Information Required

☐ Yes ☐ No

Referred to Tax Agent

☐ Yes ☐ No

Client Approval Received

☐ Yes ☐ No

Lodgement Completed

☐ Yes ☐ No

Notes



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