

Tax Return Information



2017 Individual Tax Return

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

TO: HHH Partners

FAX: (07) 4983 9909

ATTENTION:

E-MAIL: processing@hhhpartners.com.au

CLIENT NAME:		CLIENT SIGNATURE:	X
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INFORMATION FOR 2017 TAX RETURN

Name:		Spouse Name:	
DOB:		Spouse DOB:	
Address:		Postal Address:	
TFN:		Email:	
Bank Account Details:	A/c name:	BSB:	A/c number:
Phone:	W	H	M

CHILDREN

Name:		Name:	
DOB:		DOB:	
School:	Primary/Secondary	School:	Primary/Secondary
Name:		Name:	
DOB:		DOB:	
School:	Primary/Secondary	School:	Primary/Secondary

PAYG PAYMENT SUMMARIES (Please Attach or Fax All Summaries)

Employer:	Occupation:	Gross:	Tax:
		\$	\$
		\$	\$

BANK INTEREST

Bank:	Amount:	TFN Credits:	Bank Charges:
	\$		
	\$		

WORK EXPENSES (Please Attach Detailed Listing)

Motor Vehicle Type:		Self Education:	\$
Engine Size:		Seminars/Prof Dev:	\$
Work Kilometres:		Stationery:	\$
Taxi Fares:	\$	Uniform:	\$
Other Travel:	\$	Union Fees:	\$
Reference Books:	\$	Other Expenses:	Please Attach Details

PRIVATE HEALTH INSURANCE

Fund Name:		Type of Cover:	
Membership No:		Days Covered:	Excess:
Tax Statement Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Out-of-pocket Medical Expenses:	\$

DO YOU HAVE ANY OF THESE ITEMS?	<input type="checkbox"/> Investment Income	<input type="checkbox"/> Rental Properties
(If so, then please download additional forms from www.hhhpartners.com.au)	<input type="checkbox"/> Investments Sold	<input type="checkbox"/> Motor Vehicles used for Work