Tax Return Information

2021 Individual Tax Return

Please e-mail, fax or post this form back to our office:

TO:	HHH Partners	FAX:	(07) 4983 9909
ATTENTION:		E-MAIL:	accountants@hhhpartners.com.au

CLIENT NAME:	CLIENT SIGNATURE:	X

INFORMATION FOR 2021 TAX RETURN										
Name:				Spo	pouse Name:					
DOB:					ouse DOB:					
Address:					Postal Address:					
TFN:					Email:					
Bank Account Details:	A/c	A/c name:			BSB:		A/c number:			
Phone:	W				H		М			
CHILDREN										
Name:				Name:						
DOB:					DOB:					
School:	Prin	Primary/Secondary			School: P		Prima	Primary/Secondary		
Name:					Name:					
DOB:					B:					
School:	Prin	Primary/Secondary			School: Prin		Prima	imary/Secondary		
PAYG PAYMENT SUMMARIES (Please Attach All Summaries)										
Employer: Occ		Occup	pation:			Gross:		Tax:		
						\$			\$	
					\$				\$	
BANK INTERE	ST		-							
	Ban	k:		ount:			TFN Credits:		Bank Charges:	
		\$								
			\$							
	ISES	(Please Attach I	Detailed Listing)		ľ			1		
Motor Vehicle Type:				Self Education:			\$			
Engine Size:	Engine Size:			Seminars/Prof		Dev:	\$			
Work Kilometres:			Stationery:			\$				
Taxi Fares:	\$			Uniform:			\$			
Other Travel:	\$			Union Fees:			\$			
Reference Books: \$			Other Expenses:		s:	Please Attach Details				
PRIVATE HEALTH INSURANCE										
Fund Name:				Type of Cover:						
Membership No:			Days Covered			Excess:				
Tax Statement Attached? Image: Yes Image: No										
DO YOU HAVE ANY OF THESE ITEMS? Investment Income Rental Prope					roperties					
(If so, then please download additional forms from www.hhhpartners.com.au)			□ Investments Sold □ Motor Vehicles used for Work							

