Tax Return Information

2022 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

INFORMATIO	N FO	R 2022 TAX RETU	IRN							
Name:				Spo	Spouse Name:					
DOB:					ouse DOB:					
			Dec							
Address:				105	Postal Address:					
TFN:				Em	Email:					
Bank Account Details:	A/c	A/c name:			BSB:		A/c number:			
Phone:	w	W			4		М			
CHILDREN								•		
Name:				Nar	Name:					
DOB:				DO	DOB:					
School:	Prir	Primary/Secondary			School:		Primary/Secondary			
Name:				Nar	Name:					
DOB:					B:					
School:	Prir	Primary/Secondary			School:		Primary/Secondary			
PAYG PAYME	NT S	SUMMARIES (Plea	se Attach All Si	umm	naries)					
Employer:			Occup	Occupation:			Gross:		Tax:	
						\$			\$	
						\$			\$	
BANK INTERE	ST		1			1				
Bank:		Amount:			TFN Credits:		Bank Charges:			
		\$								
\$			•							
	ISES	(Please Attach D	etailed Listing)		1			1		
Motor Vehicle Type:					Self Education			\$		
Engine Size:				Seminars/Prof I		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 C	Type of Cover:					
Membership No:				Days Covered:		1		Excess:		
Tax Statement Attached?										
DO YOU HAVE ANY OF THESE ITEMS?			Investr	Investment Income Rental Properties						
(If so, then please download additional forms from www.hhhpartners.com.au)			Investments Sold Motor Vehicles used for Work							

