Tax Return Information

2023 Individual Tax Return

TO:

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

HHH Partners

| ATTENTION: | | | | | E-MA | AIL: | accountants@hhhpartners.com.au | | | |
|--|-------------------|----|---------|-----------------|---|------------|--------------------------------|-----------------------|---------------|--|
| CLIENT NAME: | | | | | CLIENT SIGNATURE | | | X | | |
| INFORMATION FOR 2023 TAX RETURN | | | | | | | | | | |
| Name: | | | | | Spouse Name: | | | | | |
| DOB: | | | | Spouse DOB: | | | | | | |
| Address: | 36. | | | Postal Address: | | | | | | |
| | | | | | | <i>,</i> . | | | | |
| TFN: | | | | Email: | | | | | | |
| Bank Account Details: | A/c name: | | | BSB: | | | A/c nu | mber: | | |
| Phone: | W | W | | | Н | | М | | | |
| CHILDREN | | | | | | | | | | |
| Name: | | | | Name: | | | | | | |
| DOB: | | | | DOB: | | | | | | |
| School: | Primary/Secondary | | | School: | | | Prima | ry/Secondary | | |
| Name: | | | | Name: | | | | | | |
| DOB: | | | | DOB: | | | | | | |
| School: | Primary/Secondary | | | School: | | Prima | ry/Secondary | | | |
| PAYG PAYMENT SUMMARIES (Please Attach All Summaries) | | | | | | | | | | |
| Employer: | | | Occup | 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: | s: \$ | | | | Uniform: | | | \$ | | |
| Other Travel: | \$ | | | | Union Fee | es: | | \$ | | |
| Reference Book | ks: \$ | | | | Other Expenses | | s: | Please Attach Details | | |
| PRIVATE HEALTH INSURANCE | | | | | | | | | | |
| Fund Name: | | | | | Type of C | over: | | | | |
| Membership No |): | | | | Days Cov | ered: | | | Excess: | |
| Tax Statement Attached? ☐ Yes ☐ No | | | | | | | | | | |
| DO YOU HAVE ANY OF THESE ITEMS? | | | | | ☐ Investment Income ☐ Rental Properties | | | | | |
| (If so, then please download additional forms from www.hhhpartners.com.au) | | | | | ☐ Investments Sold ☐ Motor Vehicles used for Work | | | | | |

FAX:

(07) 4983 9909