

Individual Tax Return Questionnaire

Year Ended 30th June 2011



**LINDA
McGOWAN** PTY LTD
Strategies & Solutions for Business

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

TO: LINDA MCGOWAN PTY LTD

FAX: (03) 9383 2766

ATTENTION:

E-MAIL: admin@lindamcgowan.com.au

INFORMATION FOR 2011 TAX RETURN									
Name:							Spouse Name:		
DOB:							Spouse DOB:		
Address:							Postal Address:		
TFN:							Email:		
Phone:		W				H			M
CHILDREN									
Name:							Name:		
DOB:							DOB:		
School:		Primary/Secondary				School:		Primary/Secondary	
Education Costs:							Education Costs:		
Name:							Name:		
DOB:							DOB:		
School:		Primary/Secondary				School:		Primary/Secondary	
Education Costs:							Education Costs:		
PAYG PAYMENT SUMMARIES (Please Attach or Fax All Slips)									
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:
30% Rebate Claimed			<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.lindamcgowan.com.au)						<input type="checkbox"/> Investments Sold <input type="checkbox"/> Motor Vehicles Used for Work			