

Tax Return Information



2010 Individual Tax Return

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

TO: Specialised Business Solutions
ATTENTION:

FAX: (07) 3221 4130
E-MAIL: sbs@sbs.net.au

| | | | |
|---------------------|--|--------------------------|---|
| CLIENT NAME: | | CLIENT SIGNATURE: | X |
|---------------------|--|--------------------------|---|

INFORMATION FOR 2010 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? (If yes, then please download additional forms from www.sbs.net.au) | <input type="checkbox"/> Investment Income | <input type="checkbox"/> Rental Properties |
| | <input type="checkbox"/> Investments Sold | <input type="checkbox"/> Motor Vehicles used for Work |