

# Tax Return Information

for 2009 Tax Return



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

**TO:** Specialised Business Solutions

**FAX:** (07) 3221 4130

**ATTENTION:**

**E-MAIL:** sbs@sbs.net.au

<b>CLIENT NAME:</b>		<b>CLIENT SIGNATURE:</b>	X
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## INFORMATION FOR 2009 TAX RETURN

<b>Name:</b>		<b>Spouse Name:</b>	
<b>DOB:</b>		<b>Spouse DOB:</b>	
<b>Address:</b>		<b>Postal Address:</b>	
<b>TFN:</b>		<b>Email:</b>	
<b>Phone:</b>	W	H	M

## CHILDREN

<b>Name:</b>		<b>Name:</b>	
<b>DOB:</b>		<b>DOB:</b>	
<b>School:</b>	Primary/Secondary	<b>School:</b>	Primary/Secondary
<b>Education Costs:</b>		<b>Education Costs:</b>	
<b>Name:</b>		<b>Name:</b>	
<b>DOB:</b>		<b>DOB:</b>	
<b>School:</b>	Primary/Secondary	<b>School:</b>	Primary/Secondary
<b>Education Costs:</b>		<b>Education Costs:</b>	

## 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)

<b>Motor Vehicle Type:</b>		<b>Self Education:</b>	\$
<b>Engine Size:</b>		<b>Seminars/Prof Dev:</b>	\$
<b>Work Kilometres:</b>		<b>Stationery:</b>	\$
<b>Taxi Fares:</b>	\$	<b>Uniform:</b>	\$
<b>Other Travel:</b>	\$	<b>Union Fees:</b>	\$
<b>Reference Books:</b>	\$	<b>Other Expenses:</b>	Please Attach Details

## PRIVATE HEALTH INSURANCE

<b>Fund Name:</b>		<b>Type of Cover:</b>	
<b>Membership No:</b>		<b>Days Covered:</b>	<b>Excess:</b>
<b>30% Rebate Claimed</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Out-of-pocket Medical Expenses:</b>	\$

## DO YOU HAVE ANY OF THESE ITEMS:

(If so, then please download additional forms from [www.sbs.net.au](http://www.sbs.net.au))

- Investment Income       Rental Properties  
 Investments Sold       Motor Vehicles used for Work