

2014 Individual Return Questionnaire (IRQ)

If you are an existing M&T client please complete your name and proceed to Q5.

Title:

Name:

Tax File No:

Business No: **Mobile No:**

Home address:

 Post Code:

Email Address:

Date of Birth:

Occupation:

Please tick the box below as confirmation of your instructions to us:

- I would like to have my tax return prepared and sent to me to review and sign. I understand this will attract a fee represented by the time required to complete my return as listed at question 6 on the next page.*

1a. Are you a resident for tax purposes?

- Yes
 No

1b. Have you been in Australia for the full financial year?

- Yes
 No

Date entered:

Date left:

2. Are you in Australia on a visa?

- Yes
 No

If Yes,

Type of Visa:

Date obtained:

3. Are you eligible to use the Medicare System?

- Yes
 No

If applicable, please attach your Medicare Levy exemption certificate.

4. Was your prior year taxation return prepared by another tax agent or yourself?

- Yes - Please provide a complete copy of your prior year taxation return
 No - No further action is required

5. Please complete your bank account details below so that the ATO can electronically deposit your tax refund.
 (Note: The ATO no longer issues refund cheques. Therefore, return will not be lodged until bank details are provided.)

Name of account holder:

Bank:

BSB No: -

Account No:

6. Please complete your credit card details below so we may arrange for our fee to be paid electronically via your credit card.

Name of card holder:

Type of credit card: Mastercard/Visa only

Credit card No:

Expiry date:

Security code:

Services	Fees (incl. GST)
Standard tax return	\$220
Rental schedule (additional fee per schedule)	\$110
Motor vehicle log book schedule (additional fee)	\$110
Share trading or managed fund schedule (additional fee)	\$110

7. Did you have a spouse at 30 June 2014?

Yes If Yes, Name:

No

As per last year D.O.B:

2014 Taxable Income:

8. Do you have dependant children?

Yes

No

As per last year

	Name	D.O.B	Days cared for (e.g. 365)
Child 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 4:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 5:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Did you or your spouse pay child support?

If Yes, You:
 Spouse:

9. Are you receiving fortnightly family payments from the Family Assistance Office?

Yes If Yes, Part A
 No Part B

10a. Did you claim the Net Medical Expense Tax Offset in your 2013 tax return?

Yes
 No If No, please go to Q11.

10b. Have you paid combined family medical expenses less reimbursement from Medicare or Private Health Insurance greater than \$2,162.00?

Yes If Yes, Total medical expense paid:
 No Rebates received:

11. Do you have an Australian approved Private Health Insurance cover?

Yes If Yes, please provide a copy of both private health insurance tax rebate statements from your insurance provider.
 No

INCOME

12. Have you received a PAYG Summary Statement from your Employer?

Yes - Please attach "Tax Return Copy" **only**
 No

13. Have you received a Payment Summary from Centrelink or any other Government Body?

Yes - Please attach "Tax Return Copy" **only**
 No

14. Have you earned any bank interest?
 If Yes, please list below or provide a copy of the statements.

<input type="checkbox"/> Yes	Bank:	Amount Received:	TFN tax withheld:	Joint account percentage
<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

15. Have you received any dividends?

If Yes, please list below or provide a copy of the statements.

<input type="checkbox"/> Yes	Company:	Unfranked:	Franked:	Imputation credit:	TFN tax withheld:
<input type="checkbox"/> No					

16. Have you received any income from managed funds or cash management trust?

Yes If Yes, please attach copy of annual tax and capital gains statements

No

17. Have you sold any shares?

Yes If Yes, please attach copy of statement/buy & sell contracts

No

18. Do you have an investment property?

Yes If Yes, please fill out the the form on the next page or provide a summary of all income and expenses

No

19. Do you have any business income?

Yes If Yes, please attach all relevant documents or a summary of all income and expenses

No

20. Have you received any Foreign Source income?

Yes If Yes, please attach all relevant documentation

No

21. Have you received any other assessable income?

Yes If Yes, please attach all relevant documentation

No

RENTAL WORKSHEET

if you answered Yes to question 18, please fill in the details below or provide a summary of all income & expenses.

* Only complete items marked "*" if the property was purchased after 1 July 2013 or if you are a new M & T client.

	Rental Property 1	Rental Property 2
Address:	<input type="text"/>	<input type="text"/>
Weeks Rented in 2014 FY:	<input type="text"/>	<input type="text"/>
*Date property first earned income:	<input type="text"/>	<input type="text"/>
*% of Property Owned:	<input type="text"/>	<input type="text"/>
	Income	Income
Rental Income:	<input type="text"/>	<input type="text"/>
Other Income:	<input type="text"/>	<input type="text"/>
	Expenses	Expenses
Real Estate Agent Fees:	<input type="text"/>	<input type="text"/>
Council Rates:	<input type="text"/>	<input type="text"/>
Insurance:	<input type="text"/>	<input type="text"/>
Water Rates:	<input type="text"/>	<input type="text"/>
Loan Interest incurred:	<input type="text"/>	<input type="text"/>
Repairs & Maintenance:	<input type="text"/>	<input type="text"/>
Assets less than \$300:	<input type="text"/>	<input type="text"/>
Details of Assets > \$300:	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>

Comments/additional information

<input type="text"/>
<input type="text"/>
<input type="text"/>

DEDUCTIONS

22a. Did you use your motor vehicle for income producing purposes?

- Yes
 No
- If no, please go to Q23a.

22b. Have you maintained a log book?

- Yes - Go to **A**
 No - Go to **B**

A.
Please provide logbook to substantiate the % claim

Log book %:	<input type="text"/>	Explanation on how travel relates to income producing activities:
Registration No:	<input type="text"/>	<input type="text"/>
Year, Make & Model of car:	<input type="text"/>	<input type="text"/>
Fuel consumption:	<input type="text"/>	<input type="text"/>
Registration/Insurance:	<input type="text"/>	<input type="text"/>
Interest on loan:	<input type="text"/>	
MV lease repayments:	<input type="text"/>	Date car purchased: <input type="text"/>
Repairs & Services:	<input type="text"/>	Purchased cost: <input type="text"/>

B.
 Please give a brief explanation on how travel relates to your income producing activity:

Estimated business Km's:	<input type="text"/>	Explanation:
Registration No:	<input type="text"/>	<input type="text"/>
Year, Make & Model of car:	<input type="text"/>	<input type="text"/>
Engine Capacity:	<input type="text"/>	<input type="text"/>
Registered Owner:	<input type="text"/>	

23a. Did you have any other work related travel?

- Yes If Yes,
 Airfares:
- No
- Accommodation:
- Meals:
- Incidentals:

23b. Did you maintain a travel diary?

- Yes If Yes,
 Days travelled:
- No
- Taxi:
- Parking:
- Tram/Train:

24. Did you wear compulsory occupational distinctive uniform or protective clothing?

<input type="checkbox"/> Yes	If Yes,	Amount
<input type="checkbox"/> No	Uniform purchase:	<input type="text"/>
	Protective clothing purchase:	<input type="text"/>
	Non slip shoes:	<input type="text"/>
	Protective shoes:	<input type="text"/>
	Sunscreen:	<input type="text"/>
	Dry cleaning:	<input type="text"/>

25. Did you incur any self education expenses directly relating to your income producing activity?

<input type="checkbox"/> Yes	If Yes,	Amount	Institution Name:	<input type="text"/>
<input type="checkbox"/> No	Course fees (not under HELP):	<input type="text"/>	Course Name:	<input type="text"/>
	Union fees:	<input type="text"/>		
	Travel:	<input type="text"/>		
	Stationary, photocopying:	<input type="text"/>		
	Books:	<input type="text"/>		

Please give a brief explanation on how self education relates to your current employment:

26. Did you have work related expenses?

<input type="checkbox"/> Yes	If Yes,	Amount	Additional details**	Business %	Claimable deduction	Date purchased**
<input type="checkbox"/> No	Seminars:					
	Stationery:					
	**Laptop:					
	**Computer:					
	**Computer Software:					
	Home telephone:					
	Mobile telephone:					
	Internet charges:					
	Tools & equipment:					
	Subscription & union:					
	Journals & periodicals:					

**** Please provide details if exceeding \$300.00**

27. Do you work from home and have you maintained a log of your hours?

Yes Hours worked per week:

No Total weeks worked:

28. Have you taken out an investment loan to purchase shares or invest in managed funds?

Yes If Yes, please attach all relevant documentation

No

Bank	Interest	Bank charges
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

29. Do you have income protection insurance?

Yes If Yes, please provide a copy of your insurance premium notice

No

30. Have you made any gifts, charity purchases or donations of \$2 or more to an eligible organisation?

Yes

No

Name	Amount

31. Did you incur Tax Agent fees last year (if paid to M & T you do not need to provide details)?

Yes

No

Total amount paid:

32. Did you incur fees for investment/business advice?

Yes

No

Total amount paid:

33. Have you made personal superannuation contributions in addition to your Employer statutory contributions?

Yes

No

If Yes, Total:

Fund name:

Member no:

Fund ABN:

Fund TFN:

34. Have you made any superannuation contributions for your spouse?

Yes

No

If Yes, Total:

Fund name:

Member no:

Fund ABN:

Fund TFN:

35. Do you have further deductions?

Yes

No

Details	Amount

Comments/additional information

I declare that the information I have given in the questionnaire, including any attachments, are true and correct. I have the necessary receipts and/or other records - or expect to obtain the necessary written evidence within a reasonable time of lodging my tax return to support my claims for deductions and rebates.

Note: You do not have to physically sign this document if you are returning via email. Receipt of email represents signed authorisation of the declaration above.

Would you like M & T to arrange a FREE review of your home/investment property loan?

- Yes
- No

Would you like M & T to arrange a FREE review of your risk insurances? (i.e. income protection, life insurance etc.)

- Yes
- No

Tax payer's signature: _____

Date:

Once you have completed the questionnaire please attach payment summary and any relevant documentation and forward to:

M & T Chartered Accountants
PO BOX 632
East Melbourne VIC 8002
PH: (03) 9417 1566
FAX: (03) 9417 2311
EMAIL: info@mandt.com.au

NOTE: Only use the 'submit by email' button if you use outlook, gmail or yahoo as your email system.

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