

2013 Individual Return Questionnaire (IRQ)

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

NOTE: If your email is via web-based system, please save this to your desktop and attach to your email.

Title:

Name:

Tax File No:

Business No: **Mobile No:**

Home address:

 Post Code:

Email Address:

Date of Birth:

Occupation:

NOTE: If you are a MAC user please do not use the above buttons. Instead please select File > Print > Print to PDF and Save as PDF. You may then forward this document as an e-mail attachment.

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	\$200
Rental schedule (additional fee per schedule)	\$100
Motor vehicle log book schedule (additional fee)	\$100
Share trading or managed fund schedule (additional fee)	\$100

7. Did you have a spouse at 30 June 2013?

Yes If Yes, Name:

No

As per last year D.O.B:

2013 Taxable Income:

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 attach all relevant documents or 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

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="checkbox"/> No	Course fees (not under HELP):	<input type="text"/>	<input type="text"/>
	Union fees:	<input type="text"/>	Course Name: <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

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

26. Did you have work related expenses?

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

** 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 a 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

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.

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: If your email is via a web-based system, please save this to your desktop and attach to your email