## **Tax Return Information**

## 2024 Individual Tax Return

Please e-mail, fax or post this form back to our office:

TO:	HHH Partners	FAX:	(07) 4983 9909
ATTENTION:		E-MAIL:	accountants@hhhpartners.com.au

CLIENT NAME:	CLIENT SIGNATURE:	X

INFORMATION FOR 2024 TAX RETURN										
Name:				Spo	Spouse Name:					
DOB:					ouse DOB:					
Address:				Postal Address:		s:				
TFN:				Email:						
Bank Account Details:	A/c r	A/c name:			BSB:		A/c number:			
Phone:	w	w			н		M			
CHILDREN										
Name:				Nar	Name:					
DOB:					DOB:					
School:	Prim	Primary/Secondary			School:		Primary/Secondary			
Name:				Nar	Name:					
DOB:				DO	В:					
School:	Prim	ary/Secondary		Sch	nool:		Prima	ary/Secondary		
PAYG PAYME	NT S	UMMARIES (Pleas	se Attach All Su	umm	naries)					
E	mploy	/er:	Occup	atior	ation:		Gross:		Tax:	
						\$			\$	
						\$			\$	
BANK INTERE	ST									
Bank: Ar			ount:			TFN Credits:		Bank Charges:		
		\$								
			\$							
	ISES	(Please Attach De	etailed Listing)		1			1		
Motor Vehicle Type:	;le			Self Education			\$			
Engine Size:	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:	Name:			Type of Cover						
Membership No:			Days Covered				Excess:			
Tax Statement Attached?  □ Yes  □ No										
DO YOU HAVE ANY OF THESE ITEMS?				Investn	Investment Income Rental Properties					
(If so, then please download additional forms from www.hhhpartners.com.au)			□ Investments Sold □ Motor Vehicles used for Work							

