2026 TAX RETURN
QUESTIONNAIRE

2026 INDIVIDUAL TAX RETURN

1. Please **complete / confirm** your details below to the best of your knowledge.
2. All information supplied should be for the **period 1 July 2025 to 30 June 2026**, unless stated otherwise.
3. **Provide all supporting documents** where prompted and applicable.
4. **Sign** where indicated and submit to our office.
5. Once submitted we will review and book your end of financial year appointment with us.

YOUR CONTACT DETAILS

NAME	**D.O.B.**	**TFN**
SPOUSE	**D.O.B.**	**TFN**

EMAIL		
WORK #	**HOME #**	**MOBILE #**
ADDRESS		
POSTAL		

Bank Details (If you are expecting a refund, you MUST provide the ATO your EFT Bank Details)

BANK NAME	BSB #	ACCOUNT #	ACCOUNT NAME

Children

NAME	Date of Birth

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Income Statements (Please attach all documents to the back of the form. You can access your Income Statements from your employer via your myGov account)

EMPLOYER	OCCUPATION	GROSS	TAX
		$	$
		$	$
		$	$
		$	$
		$	$

Bank Interest

BANK	AMOUNT	TFN CREDITS	BANK CHARGES
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$

Work & Other Expenses (please attach your detailed listing to the back of the form)

EXPENSE TYPE	AMOUNT	EXPENSE TYPE	AMOUNT
Taxi Fares	$	Reference Books	$
Other Travel	$	Stationery	$
Uniform / Laundry	$	Mobile Phone	$
Sun Protection Items	$	Internet	$
Self-Education	$	Memberships	$
Union Fees	$	Tools & Equipment	$
Seminars / Prof Development	$	Interest Expenses	$
Gifts & Donations	$	Income Protection Insurance	$
Other Expenses	$	*(please include in detailed listing)*	
WFH Home Office Claim –	**Attach "2026 Working from Home Diary Template" for us to discuss your claim.**		

Private Health Insurance

Do you have private health insurance?	☐ Y ☐ N	
Do you have any of these items? Investment Income, Rental Properties, Investments Sold or Motor Vehicles used for Work	☐ Y ☐ N	***YES** - please complete relevant sections below* ***NO** - please proceed to the end of the form, provide supporting documents, sign and send back to us.*

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INVESTMENT INFORMATION

Dividends

COMPANY	DATE PAID	UNFRANKED	FRANKED	IMP. CREDITS	TFN CREDITS
		$	$	$	$
		$	$	$	$
		$	$	$	$
		$	$	$	$
		$	$	$	$

Trust Investment Income

TRUST	TRUST INCOME	TFN CREDITS	IMP. CREDITS	CAPITAL GAINS	FOREIGN INCOME	FOREIGN TAX
	$	$	$	$	$	$
	$	$	$	$	$	$
	$	$	$	$	$	$
	$	$	$	$	$	$
	$	$	$	$	$	$

Investments Sold / Disposed

COMPANY / TRUST	DATE SOLD	NO. SOLD	AMOUNT RECEIVED	DATE PURCHASED	NUMBER PURCHASED	AMOUNT PAID
			$			$
			$			$
			$			$
			$			$
			$			$

Superannuation Contributions (Please list your total Personal (NOT Employer) Superannuation contributions)

SUPER FUND NAME	TOTAL AMOUNT
	$

Have you submitted a 'Notice of Intent to Claim a Deduction' form to your super fund? ☐ Y ☐ N

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Cryptocurrency

Do you have ANY Cryptocurrency transactions during the year?	☐ Y ☐ N	***YES** – we will need to liaise with you to have your Crypto transactions uploaded into a tax calculator to calculate your Crypto gains for tax purposes.*

MOTOR VEHICLE INFORMATION

Vehicle & Logbook

LOGBOOK KEPT ☐ Y ☐ N		**PERIOD COVERED BY LOGBOOK** *(within last 5 financial years)*	
VEHICLE PLATE NO.		**MAKE & MODEL**	
OWNER OF VEHICLE		**DRIVE OF VEHICLE**	
TOTAL KMs TRAVELLED IN YEAR		**BUSINESS KMs IN LOGBOOK PERIOD**	
DATE PURCHASED		**PURCHASE PRICE**	$
HOW WAS VEHICLE FINANCED?	☐ Lease ☐ Paid Cash ☐ Chattel Mortgage ☐ Hire Purchase		
DATE SOLD *(if in this tax year)*		**SALE PRICE**	$

Running Costs

COST TYPE	ANNUAL AMOUNT (inc. GST)	MONTHLY PAYMENTS
Fuel / Oil	$	*Please provide a copy of your Hire Purchase / Lease / Chattel Mortgage Agreement when you reach the end of the form.*
Registration	$	
Insurance	$	
Repairs & Maintenance	$	
Lease Payments	$	$
Hire Purchase / Chattel Mortgage Payments	$	$
Interest Paid	$	$
Services	$	$
Tyres / Battery	$	$
Membership Fees	$	$
Parking & Tolls	$	$

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RENTAL PROPERTY INFORMATION *Please complete one of these schedules per Property.*

Property Details

ADDRESS OF RENTAL PROPERTY		
DATE PURCHASED	**DATE RENTAL INCOME FIRST EARNT**	
NO. WEEKS AVAILABLE FOR RENT *(this year)*	**DATE BUILT**	
OWNERSHIP DETAILS	☐ In your name ☐ In joint names *(please provide details)*	

Please provide the purchase settlement statement and other purchase costs, e.g. stamp duty, legal fees, renovations or initial repairs, and any loan application fees and/or mortgage discharge expenses when you reach the end of the form.

Income

GROSS RENT	OTHER RENTAL INCOME
$	$

Expenses

EXPENSE TYPE	AMOUNT	EXPENSE TYPE	AMOUNT
Advertising for Tenants	$	Stationery, Phone & Postage	$
Borrowing Expenses	$	Cleaning	$
Council Rates	$	Gardening / Lawn Mowing	$
Insurance	$	Interest on Loan(s)	$
Land Tax	$	Legal Fees	$
Pest Control	$	Property Management Fees	$
Repairs & Maintenance	$	Property Man. Commissions	$
Body Corporate Fees	$	Other Expenses	$
Water Charges	$		

Depreciable Items

ITEM	DATE PURCHASED	COST
		$
		$
		$
		$
		$

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ITEM	DATE PURCHASED	COST
		$
		$
		$
		$
		$
		$

Improvements / Construction Costs *Please provide a copy of your tax depreciation schedule prepared by third party below.*

ITEM	DATE	COST
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$

OTHER INCOME OR EXPENSES *Please list any other information that you believe may assist us*

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SUPPORTING DOCUMENT CHECKLIST

- ☐ Income Statement from your myGov Account / Payment Summaries
- ☐ Detailed Work Expenses Listing
- ☐ Private Health Statement (Optional)
- ☐ Out of Pocket Medical Expense Claims
- ☐ Unit Trust Tax Year Summary
- ☐ Motor Vehicle Hire Purchase / Lease / Chattel Mortgage Agreement
- ☐ Rental Property Purchase Settlement Statement / Costs
- ☐ Rental Property Depreciation Schedule (as prepared by Third Party)
- ☐ Letter listing tax deductibility of Income Protection Premiums from your insurance provider
- ☐ Confirmation letter from your superannuation fund noting intent to claim tax deduction for contributions

Please complete the Authorisation below as this allows us to contact necessary organisations, (e.g. your bank or insurance company) to obtain information that is required to complete your Financial Statements and Tax Returns.

AUTHORISATION

I/We authorise Tax Accounting Adelaide to complete the compilation of Tax Return(s) for me/us for the 2026 financial year. I/We understand that a compilation is limited to the collection, classification and summarisation of financial information supplied by me/us and does not involve the verification of that information. I/We do not require Tax Accounting Adelaide to carry out an audit or a review assignment on the information provided.

I/we authorise Tax Accounting Adelaide to obtain whatever information is required from third parties to complete the preparation of my/our Financial Statements and Tax Returns.

AUTHORISED SIGNATURE(S)

_____ _____

Date: Date:

Sent completed form to admin@taxaccountingadelaide.com (recommended)

Or mail to
202 Gorge Rd Newton SA 5074

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