



2021 Individual Return Questionnaire (IRQ)

If you are an existing M & T client and your details have not changed since you last completed your return, please proceed to Q5.

Title:

Name:

Tax File No:

Business No:

Mobile No:

Home Address:

Postcode:

Email address:

Date of birth:

Occupation:

Please Note: Once you submit this questionnaire, we will commence preparing your tax return for your review.

The preparation of your tax return will attract a fee. Refer to **Fee Schedule For Service** 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

If Yes,

No

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 tax return for the previous financial year prepared by another tax agent or yourself?

Yes, please provide a complete copy of your tax return for the previous financial year

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. Your tax 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 can arrange for our fee to be paid electronically prior to lodging.

We will not be able to commence work on your return until these details are provided. Our fees will be deducted from your credit card only after the tax return has been sent to you for signing.

Name of card holder:

Type of credit card:

Mastercard/Visa only

Credit card No:

Expiry date:

Security code:

Fee Schedule For Services	Fees (incl. GST)
Package A Tax Return – With less than \$300 of work-related deductions.	\$550
Package B Tax Return – With more than \$300 of work-related deductions.	\$800
Package C Tax Return – With rental or share investments.	\$1,100

7. Did you have a spouse during the period 1 July 2019 - 30 June 2021?

Yes

If Yes, please complete:

No

Name:

As per last year

D.O.B:

2021 Taxable Income:

8a. Do you have dependant children?

Yes

Days cared for

No

Name

D.O.B

(e.g. 365)

As per last year

Child 1:

Child 2:

Child 3:

Child 4:

Child 5:

8b. Did you or your spouse pay child support?

If Yes, specify amount

You:

Spouse:

9. Have you received any family payments from the Department of Human Services?

Yes If Yes, please provide end of financial year statement from Department of Human Services

No

10. Did you pay for medical expenses relating to disability aids, attendant care or aged care in 2021?

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 your private health insurance tax rebate statement

No

from your insurance provider.

INCOME

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

Yes

If Yes, please attach "Tax Return Copy" **only**

No

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

Yes

If 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.

Yes	Bank:	Amount received:	TFN tax withheld:	Joint account percentage
No				

15. Have you received any dividends?

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

Yes	Company:	Unfranked:	Franked:	Imputation credit	TFN tax withheld:
No					

16. Have you received any income from managed funds, cash management trusts or cryptocurrency?

Yes If Yes, please attach copy of annual tax and capital gains statements
No and any supporting documentation.

17. Have you sold any shares or cryptocurrency?

Yes If Yes, please attach copy of statements/buy & sell contracts
No and any supporting documentation.

18. Do you have an investment property?

Yes If Yes, please fill out the form on the next page or provide a summary
No of all income and expenses

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

22. Did you earn any income as a working holiday maker under visa subclass 417 and/or 462 during the 2021 financial year?

Yes

If Yes, please provide net income amount together with any supporting documentation

No

Net Income:

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 2020 or if you are a new M & T client.

Rental Property 1

Rental Property 2

Address:

Weeks rented in 2021 FY:

* Date property first earned income:

* % of property owned:

Income

Income

Rental income:

Other income:

Expenses

Expenses

Real estate agent fees:

Council rates:

Insurance:

Water rates:

Loan interest incurred:

Repairs & maintenance:

^Land tax:

Other:

Please see next section if you have made any improvements or additions to the property during the financial year.

^ If you have not paid land tax, please contact the State Revenue Office (SRO).

Comments/additional information:

RENTAL IMPROVEMENTS/ADDITIONS WORKSHEET

Description

Amount

Date purchased

We may need you to provide supporting documentation for items exceeding \$300

DEDUCTIONS

23a. Did you use your motor vehicle
for income producing purposes?

Yes

No If No, please go to Question 24a.

23b. Have you maintained a log book?

Yes Go to A

No Go to B

A.

Please provide logbook to substantiate the % claimed

Log book %:

Explanation on how travel relates to income producing activities:

Registration No:

Year, make & model of car:

Fuel consumption:

Registration/insurance:

Interest on loan:

MV lease repayments:

Date car purchased:

Repairs & services:

Purchase price:

B.

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

Estimated business kms:

Explanation:

Registration No:

Year, make & model of car:

Engine capacity:

Registered owner:

24a. Did you do any other work related travel?

Yes If Yes,

No Airfares:

Accommodation:

Meals:

Incidentals:

24b. Have you maintained a travel diary?

Yes If Yes,

No Days travelled:

Taxi:

Parking:

Tram/Train:

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

Yes If Yes, Amount

No Uniform purchase:

Protective clothing purchase:

Non slip shoes:

Protective shoes:

Sunscreen:

Dry cleaning:

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

Yes If Yes,

No Amount Institution name:

Course fees (not under HELP): Course name:

Union fees:

Travel:

Stationery, photocopying:

Books:

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

27. Did you have any work related expenses

Yes	Amount	Additional details **	Business %	Claimable deduction	Date purchased**
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**

28a. Do you work from home?

Yes If Yes, go to **Question 28b.**

No If No, go to **Question 29.**

28b. Have you maintained a log of your hours?

Yes If Yes, specify hours & weeks

Hours worked per week:

No

Total weeks worked:

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

Yes If Yes, please attach all relevant documentation

Bank

Interest

Bank charges

No

30. Do you have income protection insurance?

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

No

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

Yes If Yes, provide a copy of receipts

No

Name

Amount

32. Did you pay tax agent fees last year (if paid to M & T you do not need to provide details)?

Yes

No

Total amount paid:

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

Yes

No

Total amount paid:

34. Have you made personal superannuation contributions in addition to your employer statutory contributions?

Yes If Yes,

No

Total:

Fund name:

Member no:

Fund ABN:

Fund TFN:

Please provide your Notice of Intent to Claim a Deduction and acknowledgment from your superfund

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

Yes If Yes,

No

Total:

Fund name:

Member no:

36. Do you have further deductions?

Fund ABN:

Yes

Details

Fund TFN:

Amount

No

Comments/additional information

I declare that the information I have given in this IRQ, including any attachments, is 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 IRQ for the purpose of submitting to M & T. Submitting this IRQ constitutes acknowledgment and acceptance of the declaration above, as well as, your understanding that the preparation of your tax return will attract a fee (refer to **Fee Schedule For Services at Question 6**).

Tax payer's signature: _____

Date:

Once you have completed the IRQ please attach payment summary and any relevant documentation and email to info@mandt.com.au or upload to our client portal.