FISCAL ARTISANS
GO BEYOND THE NUMBERS

2026 Individual Tax Return Questionnaire

Full Name	
Tax File Number ('TFN')	
Has your name changed since your last return?	☐ Yes ☐ No If Yes, previous name :
Date of birth ('DOB')	
Are you an Australian resident?	☐ Yes ☐ No
ABN (if applicable)	
Address	
Has your address changed since your last return?	☐ Yes ☐ No
Address (postal) (Put 'as above' if the same)	
Telephone contacts	Mobile:
	Business Hours (work) :
	After Hours (home):
Email	
Has your email changed since your last return?	☐ Yes ☐ No
Electronic banking details (for refund if applicable)	BSB and Account Number:
	Account Name:
Emergency Contact Details - Name	
Phone Number and Email	
Your Main Occupation	
Do you run your own business as a sole trader?	☐ Yes ☐ No

Do you run your own business in a company, trust or partnership? N/A

Spouse details

Name:

TFN and DOB:

Did you have a spouse for the full year? ☐

If you had a spouse for only part of the income year, please specify the dates in the financial year when you had a spouse:

From

to

Approximate income (if known)

CHILDREN

NAME DOB

NAME DOB

NAME DOB

NAME DOB

AUTHORITY TO PROCEED

I hereby authorise Fiscal Artisans to prepare my tax return for the year ended 30th June, 2026 on my behalf, and I acknowledge that all information in the Tax Questionnaire is true and correct at the time of submission. I also agree to the payment details below. I understand that my return cannot be lodged unless this form is completed and signed by me.

PAYMENT OPTION PLEASE CHOOSE YOUR PREFERRED PAYMENT METHOD:

- ☐ Make payment from Tax Refund (if you receive a refund)
- ☐ CASH
- ☐ CHEQUE
- ☐ EFT
- ☐ DIRECT BANK DEPOSIT
- ☐ CREDIT CARD
  - ☐ VISA
  - ☐ MASTERCARD
  - ☐ AMEX DIRECT
  - ☐ DEBIT

Card Number Expiry Date CCV

Please complete the following questionnaire carefully.

If you answer yes to a question, please bring all relevant supporting documents that relate to that item to your meeting. If more space is required for any items, please use the last page to add additional notes.

Items marked with an * should have been reported to the ATO. We will review the ATO based information, but we also ask you for this information to ensure that the data reported to the ATO has been accurately reported to them.

Please select YES, NO or UNSURE for each of the items listed below:

1*. Did you receive a salary or wages

2*. Did you receive allowances, earnings, tips, director's fees etc.

3*. Did you receive any Employer lump sum payments

4*. Did you receive any Employment termination payments

5*. Did you receive any Australian Government allowances and payments like Youth Allowance, Job Seeker, or Austudy payments

6*. Did you receive any Australian Government pensions and allowances

7*. Did you have any Australian annuities and superannuation income streams

8*.Did you receive any Australian superannuation lump sum payments

9*.Did you earn Interest from savings

10*.Did you receive any Dividends from Shares or other investments you held?

If yes, please provide the dividend statements or annual summary from your Shares brokerage

11.Were you part of any Employee share schemes

If yes, please provide the dividend statements and information documents relating to the schemes

12.Did you receive Distributions from partnerships and/or trusts

13.Did you run your own business?

If yes, please complete the checklist on pages 15-16

14.Did your business make a loss in the previous tax year

(***refer to previous year's tax return)***

15.If you have a primary production business, did you make any farm management deposits or withdrawals

16.Did you buy or sell any shares, property or other investment assets

If yes, then please complete the attached Capital Gains Schedule page 13

17. Foreign entities:

Do you have any overseas based investments

Was there a Transfer of property or services to a non-resident trust

18. Did you receive any Rent or AirBNB payments
If yes, complete Rental Property/AIRBNB profit and loss schedule on pages 11-12

19. Did you receive any Bonuses from life insurance companies or friendly societies?

20. Did you receive any Forestry managed investment scheme income

21. Did you earn any income from an Arts or Sports based occupation or profession

22. Did you buy, sell or hold any cryptocurrency during this tax year.
If yes, we will discuss what needs to be done in relation to this

23.Did you receive any other income?
If yes, please specify

DEDUCTIONS – Please provide evidence (if applicable)

D1. Work-related car expenses

- **Have you used your vehicle for work related travel** Please Complete
- If yes, did you keep a log book
- Have any car expenses been reimbursed by your employer? Please complete

Vehicle Details:

- Make & Model
- Reg No
- Date of purchase
- Vehicle Cost

If applicable, please provide details & costs for the following:

- Fuel & oil
- Repairs & Services
- Registration
- Insurance
- Parking & Tolls
- Lease or Loan payments
  If applicable, please also provide a copy of the finance arrangement
- Tyres & Wheels
- Other Expenses (Car washes, etc)

D2. Work-related travel expenses

If you received a travel allowance from your employer to cover the cost of food, drinks and / or accommodation, you can make a claim against this allowance, up to the value of the allowance paid without receipts (under specific circumstances). If you have not received an allowance, or wish to claim above the level of the allowance received**, then receipts must be provided**. If your claim relates to overseas accommodation, receipts must be provided.

- Did you receive a travel or living away from home allowance
  - If yes, enter cost amount:
- Do you wish to claim actual expenses
  - If yes, enter details:
- Did you travel for 6 or more nights in a row
  - If yes, please bring details of trip to the appointment
- Did you keep a travel diary
  - If yes, please provide the details
- Did you travel overseas and receive an allowance
- Did you incur and have receipts for airfares
- Did you incur and have receipts for accommodation
- Did you incur and have receipts for hire cars (if applicable)
- Did you incur and have receipts for meals and incidental expenses
- Do you have any other travel expenses
- Have any travel expenses been reimbursed by your employer
- Any other work-related travel expenses (e.g., a borrowed car, public transport)
  - ○ if yes,please specify

If applicable, pleaseprovide $ details for the following expenses:

- Fares (air,train, etc)
- Meals
- Accommodation
- Car hire / taxis etc
- Meals & incidentals

D3. Work-related clothing, laundry and dry cleaning expenses

Did you incur any uniform, occupation specific or protective clothing, home laundry or dry cleaning expenses during the financial year?

- Protective clothing ☐ If yes, : $ ☐
- Occupation specific clothing ☐ If yes, : $ ☐
- Non-compulsory uniform ☐ If yes, : $ ☐
- Compulsory uniform ☐ If yes, : $ ☐
- Conventional clothing ☐ If yes, : $
- Did you launder your protective clothing or uniforms? Laundry expenses (up to $150 without receipts) ☐ If yes, : $ ☐
- Dry cleaning expenses ☐ If yes, : $ ☐
- Other claims such as mending/repairs, etc. ☐
  - ○ If yes, please specify ☐
- Have any clothing, laundry and dry cleaning expenses been reimbursed by your employer ☐ If yes, detail reimbursement here: ☐

Sun / Cold Protection: Are you required to work outdoors? ☐

Sun / cold protection items ☐

Did you purchase Sun or Cold protection items in line with required outdoor work?

(eg sunscreen, sunglasses) ☐ If yes, detail expense here: ☐

D4. Work-related self-education expenses

Self Education expense claims must relate to courses that relate to the work you are undertaking with the employer you are with (or gives you scope for promotion within the company) when you commence the course. I.e., it cannot be a claim for a course that will make you more employable in another firm, or enables you to change occupations or industries outside of who you are working for now.

Did you take out a PELS loan arrangement to fund your course? ☐

Did the self-education improve your skills and knowledge or improve your income for your current employment? ☐

Did you receive an Austudy or Abstudy payment for undertaking this course? ☐

Are there other circumstances where self-education has a direct connection with your current work ☐

Have any self-education expenses been reimbursed by your employer n/a

Did you take a course at an educational institution and incur any of the following fees

- union fees ☐ If yes, :$
- course fees ☐ If yes, :$
- books, stationery ☐ If yes, :$
- travel ☐ If yes, :$
- other ☐ If yes, :$

If yes, please specify what and how much spent

D5. Other work-related expenses

- Were you required to undertake regular work activities from a home based office or workspace

  If yes, did you keep a diary or log of your home based hours

- Did you have home office expenses (including working from home due to COVID-19) If yes, : $
- Computer and software If yes, : $
- Telephone/mobile phone If yes, : $
- Tools and equipment If yes, : $

- Subscriptions and union fees ☐ If yes, : $
- Journals/periodicals ☐ If yes, : $
- Depreciation ☐ If yes, : $
- Personal protective equipment (eg facemask, sanitiser) ☐
- COVID test (eg.Rapid Antigen Test) ☐ If yes, : $
- Seminars and courses not at an educational institution:
  - Course fees ☐ If yes, detail $ here
  - Travel ☐ If yes, detail $ here
  - Other (please specify) ☐ If yes, detail $ here
- Any other work-related deductions If yes, detail $ here
  - If yes,please specify
- Have any other work-related expenses been reimbursed by your employer

Other types of deductions

D6.Did you buy any tools or equipment relating to your employment activities $

D7.Do you have Interest deductions If yes, : $

D8.Do you have Dividend deductions If yes, : $

D9.Did you make any gifts or donations If yes, : $

D10. Costs for managing your tax affairs

- *Any Interest charged by the ATO(e.g., Shortfall Interest Charge and General Interest Charge) If yes, : $
- Did you have Litigation costs regarding your tax affairs
- Did you have Accountant / tax agent services fees If yes, : $
- Other expenses incurred in managing tax affairs
  - ○ If yes, please specify

D12. Personal superannuation contributions

- Did you make any personal superannuation contributions
  If yes, please answer the following questions
  - ○ Full name of fund
  - ○ Account number
  - ○ Fund ABN
  - ○ Fund TFN
  - ○ $ Contributed
- Have you provided the fund a notice of intention to deduct the contribution ☐
- Has this notice been acknowledged by the fund ☐

D14. Forestry managed investment scheme deduction

D15. Any other deductions

If yes, please specify

Have any amounts at D6 to D15 been reimbursed by your employer

L1. Tax losses of earlier income years (refer to previous year's tax return)

Tax offsets/rebates – Please provide evidence (if applicable)

T1. Are you a senior Australian or a pensioner

T2. Did you receive an Australian superannuation income stream

T3. Did you make superannuation contributions on behalf of your spouse

T4. Did you live in a remote area of Australia or serve overseas with the Australian defence force or the UN armed forces in the 2026 income year.

If yes, please provide the relevant dates

T5. Did you maintain a dependant who is unable to work due to invalidity or carer obligations in the 2026 income year

T6. Are you entitled to claim the landcare and water facility tax offset

T7. Are you involved in an early stage venture capital limited partnership

T8. Are you an early stage investor in an 'early stage innovation company'

T9. Are you entitled to any other refundable tax offsets

If yes, please specify

Other relevant information - Please provide evidence (if applicable)

A. Are you entitled to the Medicare levy exemption or reduction in the 2026 income year?

If yes, please specify

B.Did you and your spouse/dependants have private health insurance in the 2026 income year

If yes, please provide the annual statement received from your Health Fund

C. Were you under the age of 18 on 30 June 2026

D.

F. Did you make a non-deductible (non-concessional) personal super contribution

G. Do you have a HELP liability, Student Financial Supplement Loan debt, Student Start-upLoandebtorTradeSupportLoandebt

H. Are you a working holiday maker in Australia on a 417 (working holiday) visa, a 462 (work and holiday) visa, or a 408 (COVID-19 pandemic event) visa

If yes, please answer the following 3 questions

What is your 'home country' (where you are a national)? Country name:

If you are a working holiday maker?

Do you believe you are an Australian tax resident for the 2026 income year? Unsure

I. Did a trust or company distribute income to you in respect of which Family Trust Distribution Tax was paid by the trust or company

J. Do you have a loan with a private company as at 30 June 2025 2026 or has such a loan amount been forgiven in the 2026 income year?

Has a Private company made a payment to you in the 2025 income 2026 year (other than a dividend)?

If yes, please specify

K. Did you receive any benefit from an employee share acquisition scheme

L. Family Tax Benefit ('FTB'):

Did you have to take care of a dependent child in the 2026 income year?

Did you or your spouse receive FTB through Services Australia in the 2026 income year?

M. Income tests information

* Do you have any total reportable fringe benefits amounts in the 2026 income year

Do you have any reportable employer superannuation contributions in the 2026 income year?

Did you receive any tax-free government pensions in the 2026 income year?

Did you have a net financial investment loss in the 2026 income year?

Did you pay child support in the 2026 income year?

If you have dependent children please specify how many?

Full Name Signature of taxpayer **Date**

RENTAL/AIRBNB PROPERTY PROFIT AND LOSS SCHEDULE

A separate schedule is required for each property. Please photocopy this page as necessary. Use this schedule to summarise the income and expenses relating to any investment properties that you may hold. Please bring receipts, invoices and bank statements, etc. to substantiate all of these items, and note our comment regarding Tax Audit insurance.

Names of Owners:			**% of property held**
Property Address:			
Date Acquired		Purchase Price	
Date of Construction		Date of First Income	
Rented for whole year	Yes ☐ No ☐	If not rented for whole year, please note the number of weeks rented	

INCOME from Rent or AIRBNB payments

Please bring statements from agents or receipt books

EXPENSES

Accounting Fees		Interest	
Advertising		Land Taxes	
Bank Charges		Legal Fees	
Body Corporate Fees		Postage & Stationery	
Caretaker		Property Agent Fee/Commission	
Cleaning & Rubbish Removal		Pest Control	
Council Rates		Repairs & Maintenance	
Electricity & Gas		Telephone	
Garden & Lawn Mowing		Travel costs to inspect property	
Insurances		Water Rates	

BORROWING COSTS

If you have purchased or re-financed this property during the year please list the borrowing costs.

Mortgage Establishment Fees		Legal Fees	
Valuation Fees		Search Fees	
Registration Fees		Stamp Duty on loans	

If you have purchased a property which was built after 1985, (or has had substantial redevelopment since then), please provide a quantity surveyor's report if available to determine tax depreciation and building allowances for the property. If you are unable to provide a quantity surveyor's report, please list all fixtures and fittings showing a valuation.

FIXTURES & FITTINGS Purchased during the year

Description	Date of Purchase	Amount

Note, if your rental property is giving you a substantial tax deduction, you can get the 'refund' paid to you as a reduction in the amount of tax taken out of your pay. Ask us about lodging a tax variation for you for 25/26

CAPITAL GAINS SCHEDULE

Please list details of all assets and investments sold during the year.

SHARES

Company Name	No. of Shares	Date of Purchase	Total Purchase Price	Date of Sale	Proceeds from Sale

Please bring documents relating to the above transactions, i.e. buy and sell contract forms and dividend reinvestment notices. Note – these documents may relate to prior periods, i.e. from date of first purchase to date of sale. Please provide all related documents for review.

RENTAL PROPERTY

Address of Property	Date of Purchase	TotalPurchase Price	Date of Sale	Proceeds from Sale

Please attach settlement statements from bank, statement of adjustments from solicitors and contract for both the purchase and the sale.

OTHER ASSETS

Details	Date of Purchase	TotalPurchase Price	Date of Sale	Proceeds from Sale

Please attach all relevant supporting documents which relate to the above (e.g. purchase and sale contracts, costs incurred in buying and selling these assets)

BUSINESS SCHEDULE

Client Name:		ABN	
Name of Business/Professional Activity			
Business Address			
		Post Code	
Date Commenced (if commenced this year)			
Date Ceased (if ceased this year)			

BUSINESS INCOME

Note: if the turnover of your business is less than $20,000 for the year, you may not be able to claim any losses from your business against other income. If the business generates a profit, and the turnover is <$75,000, a tax rebate may apply. Note that the income tests that apply will be required information within the Rebates / Offsets section. We will discuss this with you.

Sales/Professional Income	
Less Cost of Sales	
Opening Stock	
Purchases	
Less Closing Stock	
Total Cost of Sales	
Gross Profit	
Other Income	
Total Income	

BUSINESS EXPENSES

Accounting		Materials & Supplies		Rent	
Advertising		Mobile Phone		Rates & Taxes	
Bank Charges		Motor Vehicle Expenses		Repairs and Maintenance	
Cleaning		Petrol & Oil		Rubbish Removal	
Clothing		Registration		Subscriptions	
Donations		Insurance		Superannuation	
Electricity & Gas		Repairs & Service		Telephone	
Insurance		Parking		Salaries & Wages	
Interest		Printing & Stationery		Work cover	
Lease Expenses		Postage			
				Total Expenses	
				Net profit	

Home Office		

If insufficient space, please use last page for additional information, or provide accounting file or spreadsheet of data. If you are using an accounting system, please bring or send a copy of your accounts file for review with your tax return details.

CAPITAL EXPENDITURE

Description	Date of Purchase	Amount

ADDITIONAL INFORMATION

Section / Item Name	Details	Amount (Income / Expenses)	Tax paid

If there is any additional information you would like to note, please provide it here