

CTBS PARTNERS

Pty Ltd ABN 67 619 412 369

ACCOUNTING · TAXATION · BUSINESS SERVICES

Shop 2 2-6 Goodwood Street
KENSINGTON NSW 2033

PO Box 494
KENSINGTON NSW 1465

 02 9662 3333

 02 9662 3444

 ctbs.com.au

2021 Personal Tax Return Questionnaire – Track Pack

| | | | |
|--|---------------|----------|--|
| Last Name | | | |
| Given Names | | | |
| Postal Address | | | |
| Residential Address (if different to postal address) | | | |
| Occupation | | | |
| Tax File Number | | | |
| Date of Birth | | | |
| Contact No | | | |
| Email Address | | | |
| Bank Account Details – for your refund | BSB: | Acct No: | |
| | Account Name: | | |
| | | | |
| Income: Payment Summaries: | | | |
| | | | |
| | | | |
| Deductions: | | | |
| Riding gear | | | |
| Wet weather gear | | | |
| Sunglasses | | | |
| Telephone | | | |
| NSW Racing Association fee | | | |
| Saddlery | | | |
| | | | |

COPY OF VISA IS COMPULSORY

| | |
|---|-----|
| Visa – Sub-class – please circle | |
| Working holiday | 417 |
| Working and holiday | 462 |
| 5. If there is anything else we should know, please let us know here | |

Taxpayer’s declaration

- A. I confirm that I wish to make the above claims on the basis that I have incurred the above expenses in deriving my assessable income and I have the necessary records to substantiate my claim
- B. My tax agent has explained to me the law as it relates to claims when asked
- C. I understand that if I have any further queries it is my responsibility to raise them with my tax agent

Signed

Dated