

Individual Questionnaire – 31 March 2024

| | 1 | |
|--|-----------|-----------------------|
| Name | Phone | |
| Address | Mobile | |
| | Email | |
| | | |
| Bank Account number for Refunds | | |
| | | |
| Information Required | | Yes, No, N/A, Comment |
| Interest and Dividends Received | | |
| Please provide all dividend statements (including shares in lieu and bonus shares), interest certificates and PIE tax statements for the year. | | |
| Overseas Income Details | | |
| Details of all overseas income and tax deducted from this at source. | | |
| Details of any other income | | |
| Please provide this even if you are unsure as to whe amount is taxable. | ther an | |
| Income Protection Insurance | | |
| Please provide the letter from your income protection insurance provider regarding payments made for the | | |
| Donations | | |
| If you would like us to also prepare your donations replease include all donation receipts for the year | ebate | |
| Working for Families | | |
| If your combined income is below a certain level you entitled to working for families. If you are not yet regi there are any changes to your family circumstances year please provide details. | stered or | |
| Thank you for completing this questionnaire. Please sign and return with your information. | | |
| Signature | | |
| Date | | |