

CLIENT DETAILS FORM



**MAKING
CENTS
TAXATION
SERVICES**

Please complete the information as best as you can and leave questions blank if unsure.

Personal Details	
Legal name (per ATO records):	
Name (preferred name):	Preferred title : Mr Mrs Miss Ms Dr
Date of Birth: / /	* If a new client : Tax File Number:
Are you an Australian resident?	YES / NO / UNSURE
Name changed since your last tax return?	YES / NO If YES, previous name:
Have you registered for a myGov account?	YES / NO
Are you happy to receive electronic copies of your Tax Return and Notice of Assessments :	YES / NO
Email Address :	
How did you find out about us?	Referred By:
Name of previous accountant/tax agent (If applicable)?	
Would you like to have your Business	1. Linked to our WEBSITE? YES / NO
	2. Listed on our Related Pages on FACEBOOK? YES / NO

Contact Details	
Postal Address:	
Street Address:	
Telephone: (Home)	(Work)
	(Mobile)

Family Details	
Spouse/Defacto Name:	Date of Birth: / /
Spouse Taxable Income :	Number of dependent children:
Do you pay Child Support? : YES / NO	How much did you pay this financial year?

Employment Details	
Job Title / Occupation:	
Are you self-employed or run a business?	YES / NO If YES, please complete the following:
Australian Business Number (ABN):	
Business Name:	

Bank Details	
BSB Number:	Account Number:
Account name:	

Signature		Date	
Print Name :			

Office Use Only :			
CONFIRMED NO CHANGE / UPDATED	/	/	CONFIRMED NO CHANGE / UPDATED
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