

CLIENT DETAILS FORM - INDIVIDUAL



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

Personal Details			
Legal name (per ATO records):			
Preferred Name:		Preferred title : Mr Mrs Ms Miss Dr	
Date of Birth:	* If a new client : Tax File Number:		
Are you an Australian resident?		YES / NO	
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)?			
Do you give us consent to directly receive online communications from the ATO for your:			
Income Tax <input checked="" type="checkbox"/>	Superannuation <input type="checkbox"/>	Study & Training Support Loans <input type="checkbox"/>	Debt: <input type="checkbox"/>

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

Family Details	
Spouse 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?

Self Employed Business 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:	
Do you give us consent to directly receive online communications from the ATO for your:	
Activity Statement related <input type="checkbox"/>	Employer and Business Obligations <input type="checkbox"/>

Bank Details	
BSB Number:	Account Number:
Account name:	

Signature	Date
Print Name :	

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