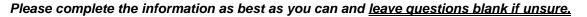
CLIENT DETAILS FORM - INDIVIDUAL



Personal Details			SERVIC
Legal name (per ATO records):			
Preferred Name:		Preferred title: Mr Mrs Ms	Miss Dr
Date of Birth:	* If a new c	ient : Tax File Number:	
Are you an Australian resident?	YES / NO		
Name changed since your last tax retu	rn? YES/NO	If YES, previous name:	
Have you registered for a myGov acco	unt? YES/NO		
Are you happy to receive electronic co	pies of your Tax Re	eturn and Notice of Assessments :	YES / NO
Email Address :			
How did you find out about us?		Referred By:	
Name of previous accountant/tax agen	t (If applicable)?		
Do you give us consent to directly rece	ive online commur	ications from the ATO for your:	
Income Tax Superannuation	Study & Trai	ning Support Loans Debt:	
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 / N	NO How mu	ch did you pay this financial year?	
Self Employed Business Details			
Job Title / Occupation:			
Are you self-employed or run a busines	ss? YES/NO	If YES, please complete the follo	wing:
Australian Business Number (ABN):			
Business Name:			
Do you give us consent to directly rece		·	
Activity Statement related Emp	oloyer and Busine	ss Obligations	
Bank Details			
BSB Number:	Account Nu	mber:	
Account name:			
Signature		Date	_
Print Name :			
Office Use Only: CONFIRMED NO CHANGE / UPDATED			
CONFIRMED NO CHANGE / UPDATED CONFIRMED NO CHANGE / UPDATED	/ /		