



Date:

Trust Deed:

Constitution:

Sighted By:

New Client Details – Business Entities

Business Contact Information

Legal Business Entity _____

Registered Business Name (s) _____

Main Business Activity _____

Tax File Number _____ ABN (if applicable) _____

ACN (if applicable) _____

Street Address _____

Postal Address _____

Contact Number _____ Alternative Number _____

Email _____

Electronic Banking Details (for refunds)

Account Name _____

BSB _____ Account Number _____

Additional Entities Information (if applicable)

Entity Name _____

Tax File Number _____ ABN (if applicable) _____

ACN (if applicable) _____

Additional Entities Information (if applicable)

Entity Name _____

Tax File Number _____ ABN (if applicable) _____

ACN (if applicable) _____

Additional Entities Information (if applicable)

Entity Name _____

Tax File Number _____ ABN (if applicable) _____

ACN (if applicable) _____

ATO Registrations

- Does your company employ staff? Yes No
- If so, how many? _____
- Is your company registered for GST? Yes No
- Is your company registered for fuel tax credits? Yes No
- Is your company set up for Single Touch Payroll? Yes No

Bookkeeping Method

- MYOB Xero Quickbooks
- Cashbook Excel Other

Which of the following services can we assist you with?

- Business Activity Statements (BAS) Prepare & Lodge Annual FBT Returns
- Annual Financial Statements Prepare & Lodge Annual Superannuation Fund Returns
- Prepare & Lodge Tax Returns Bookkeeping Services
- Corporate Secretarial Services (ASIC) Other

Previous Tax Return Information

- Was last year's return prepared by a registered tax agent? Yes No
- Name of Agent _____
- Address _____
- Details of Work Done _____

On behalf of the Business

Signature _____ Date _____

Name _____



Client Contact Information (Individual 1)

Full Name _____

Have you changed your name since your last tax return? Yes No

Previous Name _____

Date of Birth _____

Tax File Number _____ ABN (if applicable) _____

Street Address _____

Have you changed your address since your last tax return? Yes No

Postal Address _____

Contact Number _____ Alternative Number _____

Email _____

Relationship Status Single Married* De Facto*

Have you changed your relationship status since your last tax return? Yes* No

Do you have any dependants living with you? Yes* No

* Please complete details at the end of the form.

Electronic Banking Details (for refunds)

Account Name _____

BSB _____ Account Number _____

Signature _____ Date _____



Name _____

Office Use: POI					
Date:	Sighted By:		
Type:	DL	Pass	BC	Med	Expiry:
Format:	Orig	Cert		How:	Pers Email Port

Client Contact Information (Individual 2)

Full Name _____

Have you changed your name since your last tax return? Yes No

Previous Name _____

Date of Birth _____

Tax File Number _____ ABN (if applicable) _____

Street Address _____

Have you changed your address since your last tax return? Yes No

Postal Address _____

Contact Number _____ Alternative Number _____

Email _____

Relationship Status Single Married* De Facto*

Have you changed your relationship status since your last tax return? Yes* No

Do you have any dependants living with you? Yes* No

* Please complete details at the end of the form.

Electronic Banking Details (for refunds)

Account Name _____

BSB _____ Account Number _____

Signature _____ Date _____



Name _____

Office Use: POI	
Date:	Sighted By:
Type: DL Pass BC Med	Expiry:
Format: Orig Cert	How: Pers Email Port

Dependants Details - if applicable

Is the dependant a child under 24 years old and a full-time student at a school, college or university? Yes* No

Is the dependant a parent or parent in law? Yes* No

* Please complete details.

Dependant's Full Name	Date of Birth
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____