



Office Use: POI

Date : _____
Type: DL Pass BC Med
How: Pers Email Port
Format: Orig Cert.
Expiry: _____

Sighted By: _____

New Client Details – Individuals

Client Contact Information

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

Are you a sole trader? Yes No

* Please complete details

Electronic Banking Details (for refunds)

Account Name _____

BSB _____ Account Number _____

Spouse Information - if applicable

Full Name _____

Date of Birth _____

Tax File Number _____ Approx. Income _____

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. _____	_____

Occupation Details

What is your occupation? _____

Have you had a change in occupation or started a new job during the income year? If yes, please give details below.

Yes No

Details _____

Assets Details

Did you buy or sell any assets during the income year? If yes, please provide details below.

Yes No

Details of Asset	Bought	Sold
1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>

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 _____

Client Signature

Signature _____ Date _____