



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) _____

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ATO Registrations

Does your business employ staff? Yes No

If so, how many? _____

Is your business registered for GST? Yes No

Is your business registered for fuel tax credits? Yes No

Is your business 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. _____	_____