



Office Use: POI

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Type: DL Pass BC Med  
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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. _____		
2. _____		
3. _____		
4. _____		

### 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 \_\_\_\_\_