



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 Bookkeeping Services
 Prepare & Lodge Tax Returns Single Touch Payroll
 Corporate Secretarial Services (ASIC) Other
 Prepare & Lodge Annual Superannuation Fund Returns

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

Name _____

Signature _____ Date _____



Client Portal

Our Client Portal is an easy to use, secure way for you to upload and download documents, data files and reports at your own convenience. The Client Portal allows you to access relevant files at any time. You can review and sign your tax return online via an authenticated digital signing function.

Please remember to notify us once you have completed uploading any relevant documents for work to be completed.

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* Widowed

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

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

** If Spouse / Defacto is not completing client contact information on this form please complete Spouse / Defacto Information below*

*** Please complete Dependants Details below*

Spouse / Defacto 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 Dependant's details below*

Dependant's Full Name

Date of Birth

1. _____

2. _____

3. _____

4. _____

Electronic Banking Details (for refunds)

Account Name _____

BSB _____ Account Number _____

Signature

I declare that the above information is correct and that I understand the terms of the engagement with Desborough Accountants.

Signature _____

Date _____

Office Use: POI

Date: _____ Sighted By: _____

Type: DL Pass BC Med Expiry: _____

Format: Orig Cert How: Pers Email Port



Signing Options

Please indicate if you would prefer to;

Sign your documents digitally via Client Portal*

*How would you like your original documents returned to you?

Pick Up

Post

Collect your finished tax return from our office to sign

Have your tax return posted to you for signing

Client Portal

The below email address will be used for your client portal login, this email must be a unique email address that is not used by other people.

Email _____

By signing this document, you are acknowledging that:

- ➔ The email address you have provided is yours alone and that no one else has access to it.
- ➔ You consent to Desborough Accountants setting up a client portal login with the provided email address and uploading your tax returns and other documents for your private access.
- ➔ You and you alone, will be responsible for using the digit signature function to sign any documents that are uploaded with a signature request.

Signature _____ Date _____



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* Widowed

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

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

** If Spouse / Defacto is not completing client contact information on this form please complete Spouse / Defacto Information below*

*** Please complete Dependants Details below*

Spouse / Defacto 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 Dependant's details below*

Dependant's Full Name

Date of Birth

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Electronic Banking Details (for refunds)

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Signature

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