

Client Details Form

Full Name	
Tax File Number	
Date of birth	
ABN (if applicable)	
Address	
Address (postal) (Put 'as above' if the same)	
Telephone contacts	Mobile:
	Business Hours (work) :
	After Hours (home):
Email	
Electronic banking Details (for refund if applicable)	BSB:
	Account Number:
Occupation	
	<p>Do you run your own business as a sole trader? YES/NO</p> <p>Do you run your own business in a company, trust or partnership? YES/NO</p>

Spouse's full name	
Spouse's date of birth	
Spouse's TFN	
Approximate Income (if known)	

Client details continued

Do you have any dependants (children up to the age of 21, full time students under the age of 25, parents or parents in law) living with you?

YES/NO.....If YES, please provide short summary of the details below:

FULL NAME	DATE OF BIRTH
1.	
2.	
3.	
4.	

1. Have you had a change in marital status during the income year? (Please circle)

YES / NO

2. Have you had a change in occupation or started a new job during the income year? (Please circle)

YES / NO

3. Have you had a change of address during the income year? (Please circle)

YES / NO

4. Did you buy or sell any property during the income year? (Please circle)
(e.g., shares, rental property, main residence)

YES/NO.....If YES, please provide short summary of the details below:

Type of asset (e.g., shares/ holiday home)	Date acquired (approx)	Price sold for (approx)

5. Was last year's return prepared by a registered tax agent (other than our firm)

YES/NOIf YES, please provide short summary of the details below:

FIRM NAME and contact	
FIRM address	
Details of work done	

Dated the day of 20.....

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Signature of Taxpayer