

NEW CLIENT INFORMATION SCHEDULE

SURNAME: _____

FIRST NAMES: _____

DATE OF BIRTH: ____ / ____ / ____ OCCUPATION: _____

ADDRESS (residential & postal): _____

SUBURB: _____ POST CODE: _____

MOBILE: _____ TELEPHONE NO: _____

EMAIL: _____

TAX FILE NO: _____ MYGOV ACCOUNT: _____

RENTAL PROPERTY: _____ BUSINESS: _____

BUSINESS NAME: _____

PREVIOUS ACCOUNTANT: _____

SPOUSE DETAILS: (Only required if spouse also intends to have their tax completed)

SURNAME: _____

FIRST NAMES: _____

DATE OF BIRTH: ____ / ____ / ____ OCCUPATION: _____

TAX FILE NO: _____ TELEPHONE NO: _____

DEPENDANTS:

NAME/S: _____ DOB: ____ / ____ / ____

_____ DOB: ____ / ____ / ____

_____ DOB: ____ / ____ / ____

BANK DETAILS:

Account name: _____

BSB: _____ Account number: _____

OFFICE USE ONLY:

ACCESS	MYOB	AO	ATO
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Date:/...../..... Initial