



CLIENT INFORMATION

TITLE: Mr Mrs Miss Ms Other _____ PREFERRED NAME: _____

NAME (in full): _____

DATE OF BIRTH: ____ / ____ / _____ TAX FILE #: _____

PLACE OF BIRTH: Suburb: _____ State: _____ Country: _____

Are you a director of a company? Yes No Director ID #: _____

SELF EMPLOYED: Yes No ABN #: _____

ABF Partners to prepare your Activity Statements? Yes No Not Applicable

Driver Licence Number: _____ Medicare Card Number _____

**For identity purposes we require a copy of your drivers licence*

Do you have a HECS/HELP Debt? Yes No

Have you set up a myGov account? Yes No

Do you have Private Health Insurance: Yes No

Private Health Insurer: _____

Member Number: _____

TELEPHONE:

Home: _____ Fax: _____

Work: _____ Mobile: _____

ADDRESS: Postal: _____

Residential: _____

("as above" if same as Postal): _____

Email: _____

Preference for correspondence: Mail Email Collect from office

OCCUPATION: _____

"PRIVACY ACT"

Some people find it convenient for their partner/spouse to make enquiries on their behalf.

Do you authorise ABF Partners Pty Ltd to discuss your accounting and taxation matters with your partner/spouse or any other person, when necessary?

(You can cancel or change this authority at any time)

Yes No

Name of Authorised Person/Partner/Spouse

Signature:

PLEASE TURN OVER



PREVIOUS TAX RETURN: Year: _____ Date Lodged: ___ / ___ / _____

CHANGED NAME since last Return? Yes No

If YES Full Name Used: _____

Date of Change: ___ / ___ / _____

PREV. ACCOUNTANT / TAX AGENT:

Name: _____

Address: _____

PARTNER/SPOUSE NAME: _____ **DOB:** ___ / ___ / _____

DEPENDANTS U/25: Yes No

If YES Name: _____ **DOB:** ___ / ___ / _____

Name: _____ **DOB:** ___ / ___ / _____

Name: _____ **DOB:** ___ / ___ / _____

Name: _____ **DOB:** ___ / ___ / _____

Bank Account Details for ATO Refunds

Account Name: _____

BSB: _____ **Account Number:** _____

REFERRED TO US BY (please tick the appropriate box)

Internet: Referral: By: _____

Sign out front: Yellow Pages:

Gazette: Other (please specify): _____

Would you like to receive ABF Partners regular updates and newsletters? Yes No *This will be sent to the email address provided on page 1*

I declare that all the information I have given is true and correct. I hereby give permission for ABF Partners to check that these details are valid.

I agree to appoint ABF Partners as my accountant and authorise ABF Partners to add me to their ATO Tax Agent list, enabling ABF Partners to liaise with the ATO for all my tax matters.

Signed: _____ **Date:** ___ / ___ / _____

Print Name: _____