ABF Partners
Accountants & Advisors

CONFIDENTIAL – PRIVACY ACT
This information is to be used for our purposes only and will not be available to others without your consent.

CLIENT INFORMATION

TITLE: Mr Mrs Miss Ms Other _____ **PREFFERED 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 #**: __ __ __ __ __ __ __ __ __ __ __

Would you like 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 driver 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: _____

CONTACT DETAILS:

Mobile: _____ Other: _____

Email: _____

ADDRESS: Postal: _____

_____

Residential: _____

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

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

e: tax@abfpartners.com.au **t:** 03 5795 1885

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

HAVE YOU CHANGED NAME since your last return? Yes ☐ No ☐

If YES Previous Name *(in full)*: _____

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:** ____ ____ ____ ____ ____ ____ ____ ____ ____

REFFERED 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: _____