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**Oceanic Tax Accountants**

ABN 39 687 661 073

**New Client Form**

|  |  |  |
| --- | --- | --- |
|  | **Client 1 Details** | **Client 2 Details** |
| Full Name |  |  |
| Date of Birth (DOB) |  |  |
| Tax File Number |  |  |
| Occupation |  |  |
| Home Address |  |  |
| Postal Address (if different to home address) |  |  |
| Email Address |  |  |
| Contact Number |  |  |
| Dependant children’s names & DOB’s |  |  |
| Do you have a rental property? |  |  |
| Do you own cryptocurrency, shares or managed funds? |  |  |
| Previous Accountant’s Name |  |  |
| If a refund is due, the ATO will deposit directly into your bank account. Please provide BSB & Account Number. | BSB:  Account #: | BSB:  Account #: |