

New Client Information Sheet

Your Details (Individual)

Salutation: _____ Full Name: _____

Primary Contact Number: _____

Secondary Contact Number: _____

Date of Birth: _____ Tax File Number: _____

Street Address: _____

Postal Address: _____

Email Address: _____

Bank Account Name: _____

BSB: _____ Account number: _____

How did you find us: _____

Referred By: _____

If Applicable

Spouse Salutation: _____ Spouse Full Name: _____

Spouse Date of Birth: _____ Spouse Tax File Number: _____

Your Details (Business)

Business Trading Name: _____

Entity Name: _____

Primary Business Contact Number: _____

Secondary Business Contact Number: _____

Entity Type: _____ ABN: _____

Are you registered for GST: _____ TFN: _____

Business Address: _____

Business Postal Address: _____

Do you need assistance with any of the below? (please write yes or leave blank)

Lodgement of your Business Tax Return: _____

Lodgements of your quarterly BAS: _____

Lodgements of you monthly IAS: _____

Lodgements of your Superannuation: _____

Long service leave: _____

Payroll for employees: _____

Assistance with Debtors or Creditors: _____

Quarterly / Annual meetings to review Profit n Loss and Balance Sheet: _____