KYLIE CHANT
ACCOUNTING PTY LTD

# NEW CLIENT FORM

16 Toomey Street, Yarraman Qld

| | | |
|---|---|---|
| **Client Name:** | **First Name:**<br>**Middle:**<br>**Surname:** | |
| **Tax File/ ABN No:** | **Tax File Number**<br>**ABN Number (if Applicable)** | |
| **Address:** | | |
| **Phone:** | | |
| **Date of Birth:** | | |
| **Email:** | | |
| **Single/ Married/ Defacto:** | | |
| **Bank Details for Refunds:** | **Account Name**<br>**BSB**<br>**Account Number** | |
| **Spouse Details** | Name:<br>Date of Birth: | |
| **Children/ Maintenance** | Do you have any dependents?<br>Do you pay any maintenance? | **YES/ NO**<br>**YES/ NO** |
| | If yes, number of dependent children | **If YES, how many** |
| | Ages of Dependent children | |
| | Amount of child support paid (if applicable) | |
| **Other** | Do you have any outstanding ATO issues? YES / NO | |
| | **For example: Outstanding Tax Returns** | |
| | **Bankruptcy, Part 10, or Insolvency (Current or Previous)** | |
| | **Or debts** | |
| | If YES, please provide brief details. | |
| | | |
| **Can you provide photo ID (ATO requirement)** | YES/ NO | |