NEW CLIENT DETAILS

ENTITY (Company/ Trust / P'Ship / SMSF) Name **TFN ABN INDIVIDUALS** TFN Birth Date Place of birth Name Occupation **DEPENDANTS** Name Date of birth Your Postal Address Previous Accountant Ethical Letter Yes / No Address Last Return _____ Title (Mr Mrs) Phone No (B) _____ **VERY IMPORTANT** Mobile **Bank Account Details:** Phone No (H) BSB: _____ Fax Acc: _ Email Acc Name: _____ Please provide a copy of your driver's license or other form of photo identification. **OFFICE USE ONLY** HandiLedger Accounting Yes/No Tax Returns Yes/No Update TAP (Tax) Form 362 required Yes/No Yes/No Update TAP (BAS) Yes/No PAYG Active Yes/No Software - Password ____ BAS/IAS Active Yes/No Version _____ **GST** Registered Yes/No Client code **HS** Updated Referred by - Initial - Date Job given to TAP Done - Initial **Engagement Letter**