

CLIENT INFORMATION FORM

Full name: _____ (Mr/Mrs/Miss/Ms) D.O.B.: _____

Tax File Number: _____ ABN: _____

Phone: (work) _____ (home) _____ (mobile) _____ (fax) _____

Email address: _____

Home address: _____

Postal address: _____

Occupation: _____

Did you have a spouse for the full year? Yes/No If no, from/...../..... to/...../.....

Sole parent? _____ Yes/No

Spouse details:

Name: _____ DOB: _____ TFN: _____ Income: _____

Who will claim the zone rebate for your children? Self/spouse

If you have children, please complete the following:

Child name: _____ DOB: _____ Student? Yes/No Lives with you? Yes/no

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Child name: _____ DOB: _____ Student? Yes/No Lives with you? Yes/no

Do you have a HECS/HELP debt? Yes/no Amount _____

Did you and all of your dependants including your spouse have private patient hospital cover during the whole period 1 July 2009 to 30 June 2010? Yes/No

If part of year, please list period _____ to _____

Name of fund: _____ Membership No: _____ Did you pay a reduced premium? Yes/no

New clients only – was your tax return prepared by a Tax Agent last year? Yes/no

Name of Tax Agent: _____ Fee charged: _____ (this can be claimed as a deduction)

How did you hear of this firm? _____