

CLIENT INTERVIEW SHEET

CLIENT NAME	First Name:	Last Name:	Preferred Name:
TITLE	Mr / Mrs / Miss / Ms/ Other _____		
TAX FILE NUMBER		DATE OF BIRTH	D/M/Y
ABN		BUSINESS NAME	
POSTAL ADDRESS			
SUBURB/TOWN		STATE	POSTCODE
RESIDENTIAL ADDRESS			
SUBURB/TOWN		STATE	POSTCODE
TELEPHONE NO.	Home		Mobile
E-MAIL ADDRESS			
How did you know us	Walk in/ Google / Facebook / Our Website / Friends / Referred by: _____		
OCCUPATION			
BANK DETAILS	BSB	ACCOUNT NO.	
Are you on a visa?	No/Yes, please specify		When did you arrive AU?
Do you have Medicare?	No/Yes	If not eligible for Medicare, would you like to apply exemption? \$20 per application (you need to meet criteria). No /Yes	
PRIVATE INSURANCE	NO / YES, please give details	Fund name:	Member No:
Do you own a car?	NO / YES, please give details	Brand:	Model:
SPOUSE'S NAME	First Name:	Last Name:	Preferred Name:
SPOUSE'S DOB	D/M/Y	Did you have a spouse for the full financial year?	No / Yes
SPOUSE' GENDER	MALE / FEMALE	Any Dependent Children?	Number of children: _____
DEBTS	HELP / SSL / ABSTUDY SSL / SFSS / TSL / Centrelink debts		

I declare that:

- The information provided to my registered tax agent for the preparation of this tax return is true and correct, AND
- I authorize my registered tax agent to lodge this tax return.

Taxpayer's name:	Tax agent's name:
Taxpayer's signature:	Tax agent's signature:
Date: Day Month Year	Date: Day Month Year