SYDNEY TAX ACCOUNTANT
sydneytaxaccountant.com

CLIENT INTERVIEW SHEET

Personal details for your individual tax return

Please complete this form and email it to us before your appointment. Questions? Call us on 1300 661 380.

CLIENT DETAILS

First name		**Last name**	
Preferred name		**Title**	*Mr / Mrs / Miss / Ms / Other*
Tax file number		**Date of birth**	*D / M / Y*
ABN		**Business name**	
Occupation			

CONTACT DETAILS

Postal address			
Suburb / town		**State / postcode**	
Residential address			
Suburb / town		**State / postcode**	
Phone (home)		**Mobile**	
Email address			
How did you hear about us?	*Walk-in / Google / Facebook / Our website / Friends / Referred by:*		

BANK DETAILS (for any tax refund)

BSB		**Account number**	

RESIDENCY, MEDICARE AND INSURANCE

Are you on a visa?	*No / Yes – please specify*	**Date you arrived in Australia**	
Do you have Medicare?	*No / Yes*	**Apply for Medicare levy exemption?**	*No / Yes – $20 per application (criteria apply)*
Private health insurance	*No / Yes*	**Fund name / member no.**	
Do you own a car?	*No / Yes*	**Make / model**	

SPOUSE AND DEPENDANTS

Spouse first name		**Spouse last name**	
Spouse preferred name		**Spouse date of birth**	*D / M / Y*
Spouse gender	*Male / Female*	**Spouse for the full financial year?**	*No / Yes*
Any dependent children?	*No / Yes*	**Number of children**	

DEBTS

Do you have any of these debts?	*HELP / SSL / ABSTUDY SSL / SFSS / TSL / Centrelink debts*

DECLARATION

I declare that the information provided to my registered tax agent for the preparation of this tax return is true and correct, and I authorise my registered tax agent to lodge this tax return.

Client name			
Signature		**Date**	/ /