We would appreciate you taking the time to complete the following details. If you have any questions in relation to the form, please do not hesitate to ask for assistance.

Current Details		You	Your Spouse (or Partner)					
Names: Surname								
Given Names								
Title: Miss/Ms/Mrs/Mr/Dr								
Date of Birth:								
Occupation (job title):								
Tax File Number:								
Aus Business Number:								
Residential Address:								
Postal Address:								
Business Address:								
Business Name:								
Nature of Business:								
Which Accounting Software are you currently using for your business?	Xero * We recomm	Xero MYOB Reckon Quickbooks * We recommend you to use Xero if you do not have one for your business.						
Business Telephone:			,					
Mobile Phone:								
Home Telephone:								
Email Address:								
Bank Account Details:	BSB:	ACC:	BSB:	ACC:				
Children's Names + DOB:								
Authorized person from y	ou to contact	us: YES / NO (please ci	rcle)					
Name : Contact Number: Postal Address: Email Address:								
Any information acquired by Christine Lee or us in the course of our engagement is subject to strict confidentiality requirements. Information will not be disclosed by us to other parties except as required or allowed for by law or professional standards, or with your express consent (verbal or written).								
Please complete and sign the following details so that we may better meet your needs.								
What kind of services would you like to appoint?		☐ Tax Return ☐ BAS ☐ Bookkeeping ☐ Registered Office ☐ Set-up Company/ Trust ☐ All Tax Compliance ☐ ASIC agent						
How would you like to receive your tax returns?		☐ By Email (via above E-address) or ☐ By Printing						
How did you hear about us?		☐ Local Paper ☐ Internet ☐ Word of mouth by :						
This agreement will be effective immediately between you and Christine Lee mobile tax agent when you fill out your personal details in this form and for future years unless [I/we] advise you of any change in our arrangement.								
Client's Signature/s:		D	ate:					

Accountant / Tax Agent to complete (** to be done at interview)										
Client Code:										
Partner:										
Manager:										
Accountant:										
** Preferred Billing Client:				Client Code: Linked at: Invoice / Timesheet						
Fee Quoted:										
Any Relationships in client database:										
Tax - Occupation Code:										
** BAS/IAS Returns:			Practice to receive BAS/IAS: Y / N							
				Practice to complete / lodge BAS/IAS: Y / N						
Client Type:				Tax		Payroll Tax				
				Audit		Spouse Only				
client has a business or generates any business income				Commercial		Overseas				
client has/is a consulting business and would be targeted for PSI issues			Consultant							
** Business Turnover:										
** No. of Employees:										
** Accounting Software used:										
** Financial Planning Services:			Interested / Not Interested							
** Client Referred By:										
** Old Accountant:										
Date Client Interviewe	ed:									
Date Form Completed:				By Accountant / Tax Agent:						
Letters:	Required	Initials	Date	Admin:	R	equired	Initials	Date		
Ethical Letter				CU Form Require	ed					
Welcome Letter				Make Up File						
Thank You Referral Letter				Client database updated						
Engagement Letter				updated						
Other Comments:										