

CLIENT INFORMATION SHEET

Client One		Client Two	
Name:		Name:	
DOB:		DOB:	
TFN:		TFN:	
Occupation		Occupation	
Marital Status		Marital Status	
Home Ph:		Home Ph:	
Work Ph:		Work Ph:	
Fax Ph:		Fax Ph:	
Mobile:		Mobile:	
Email:		Email:	
Home Address:		Home Address:	
Postal Address:		Postal Address:	
HECS/ATO Debt	Yes <input type="checkbox"/> No <input type="checkbox"/>	HECS/ATO Debt	Yes <input type="checkbox"/> No <input type="checkbox"/>
Children	Name and Age	Private Health Ins	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Fund Name	
Name		Membership No	
DOB		Hospital	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name		Ancillary	Yes <input type="checkbox"/> No <input type="checkbox"/>
DOB			
Name		Please note: Upon signing of your tax return if your personal records have not been collected within 14 days they will be returned to you by post at a minimum cost of \$20.00. This includes administration and postage costs.	
DOB			
Name			
DOB			

All refunds from The Australian Taxation office will be credited directly into the Needhams CPA's trust account. After payment of your fees due to Needhams the remaining refund will be directly deposited into your nominated bank account.

Bank details		Bank details	
Bank		Bank	
BSB:		BSB:	
Account No:		Account No:	
Account Name:		Account Name:	
Signature:		Signature:	
Date:		Date:	