

Tax Assessment FY 2015-16 Client Details

(Individual Clients)

Personal details:

Circle Title: Mr Mrs Ms

First Name: -----

Last Name: -----

Tax file Number: -----

Date of Birth: -----

Phone Number: (H) -----

Work Phone: -----

Mobile: -----

Email: -----

Occupation (work): -----

Do you have Medicare Card ?

Are you an Australian Citizen / PR ?

Yes	No
Yes	No

Official Use only

Existing client? Yes No

New Client ? Yes No

ID varified? Yes No

Varified by:

Lodged on :

Fees:

Paid : Yes No

Notes:

Residential Address: -----

Postcode State

Bank Details:

Bank: ----- BSB: (6digits) ----- Account Number: -----

Account Holder's Name: -----

Bank Interest:

Expenses Details: (Expenses must be work related and must have proof of purchase-
for more details please contact us)

I hereby authorize CB Accounting to lodge my Tax Return for the year 2015 -16 on behalf of myself. I further declare that I have not missed out any income to include in the amount mentioned above.

I declare that:

- * All the information I have provided is true and correct
- * I have the necessary receipts and/or other records to support my claims .

Important: The Tax Law imposes heavy penalties for giving false or misleading information.

Signature:

Date: