

NEW CLIENT ONBOARD FORM

Our engagement is to assist you with the preparation and compilation of statutory taxation returns for past, current and future years for the taxpayer detailed below

PERSONAL INFORMATION

Taxpayer's Name :

TFN : Date Of Birth :
D D M M Y Y

Full Address :

Status : Single Married Bank Account :

Mobile: :

Partner's Name : DOB :

E-Mail :

Do you have investment properties? : Yes No If Yes how many Occupation :

Do you have dependent children (under 18 years old) : Yes No If Yes how many Do you run Sole Trader Business? : Yes No

ABN :

DECLARATION

My Acknowledgement I acknowledge that the accountant(s) and/or tax agent(s) of your firm are relying on the materials and information I provide. I will ensure reasonable access to all relevant documents required for my tax lodgments and take full responsibility for the completeness and accuracy of the information supplied.

As an Australian taxpayer, I fully understand that under the self-assessment system, I am required to maintain complete and proper records for at least 5 preceding years to support my tax return. I also understand that while the Commissioner of Taxation may accept the claims made in my tax return and issue a notice of assessment without immediate adjustment, the return may be subject to future review or audit. In cases of fraud or evasion, there is no time limit on amending an assessment.

I acknowledge that I have been fully informed of these obligations by your firm upon engaging your services to prepare and submit my tax return. Additionally, I give permission to your firm to provide any relevant information related to my lodgments to the Australian Taxation Office on my behalf. I understand that if I decide not to proceed with the tax return after a full consultation, Trinity Accounting Practice reserves the right to charge for the consultation time.

Agent Use Only Proof of ID Yes No

 Taxpayer's Signature