Agilis Chartered Accountants - New Client Profile AGILISCA



Client Details									
First Name					Australian Business Numb	Australian Business Number (ABN)			
Middle Name					Tax File Number (TFN)	Tax File Number (TFN) Please call Agilis CA on (07) 3510 1500 to pro		gilis CA on (07) 3510 1500 to provide your TFN	N
Last Name					Director ID (if applicable)				
Date of Birth		/		/	Mobile Phone				
Place of Birth					Home Phone				
Proof Of Identity		Please send	d Agilis (CA a copy of your P	roof of Identity, consisting of (a	at leas	st) one pri	mary photo ID, when returning this form	
Email Address	\triangleleft								
Home Address									
Postal Address	Г.								

Spouse Details (if applicable)			
First Name		Australian Business Number	(ABN)
Middle Name		Tax File Number (TFN)	Please call Agilis CA on (07) 3510 1500 to provide your TFN
Last Name		Director ID (if applicable)	
Date of Birth	/ /	Mobile Phone	
Place of Birth		Home Phone	
Proof Of Identity	Please send Agilis CA a copy of your Pro	of of Identity, consisting of (at	least) one primary photo ID, when returning this form
Email Address			
Home Address			
Postal Address			

Banking Details		
<u>Client</u> Bank Details	Spouse Bank Details (if using a different	bank)
Which bank are you with?	Which bank are you with?	
Account Name	Account Name	
BSB	BSB	
Account Number	Account Number	

Other	
Last year tax return lodged	
How did you hear about Agilis CA?	
Previous Accountant (if applicable)	
Previous Accountant Contact - Email & Phone	
QBCC Details (if applicable)	
ASIC Details (if applicable)	

When your tax returns are ready, would you like to: (please tick one)			
	Sign your tax return via E-Sign		Have your tax returns posted to you
	Have your tax return emailed to you		Sign your tax return at our office

Do you have a Company, Trust, Partnership or SMSF? If so, please provide any details here:

Please note that by signing below, you agree to being entered into the Agilis CA Tax Agent portal, registered as our client with the Australian Tax Office.

Signed (spouse if applicable): ____

Date: ____

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