



Allpoints Accounting Pty Ltd
Small Business & Taxation Specialist

2/176 Boronia Road
Boronia Victoria 3155

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03 9739 8510
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New Client Authority

Title	<input type="text"/>	Tax File Number	<input type="text"/>
Surname	<input type="text"/>	Date of Birth	<input type="text"/>
First Name	<input type="text"/>	Phone Number	<input type="text"/>
Address	<input type="text"/>	Mobile Number	<input type="text"/>
Suburb	<input type="text"/>	Email Address	<input type="text"/>
State	<input type="text"/>		
Postcode	<input type="text"/>		

Spouse (full name)	<input type="text"/>	Spouse Date of Birth	<input type="text"/>
Number of Dependant Children	<input type="text"/>	Spouse Estimated Taxable Income	<input type="text"/>

Occupation (Not title)	<input type="text"/>
Number of Employers (current tax year)	<input type="text"/>
Please list the names of employers you had in current tax year:	<input type="text"/>
	<input type="text"/>

To enable Tax Refund by Electronic Funds Transfer (EFT)

BSB Number	<input type="text"/>
Account Number	<input type="text"/>
Account Name	<input type="text"/>

Authority / Privacy Declaration

Please note: We are unable to prepare income tax returns for clients who have not completed this authority

I hereby authorise Allpoints Accounting Pty Ltd to prepare my income tax return from the information that I have supplied in accordance with my instructions. I authorise Allpoints Accounting Pty Ltd to act on my behalf in relation to Australian Taxation Office matters. I also authorise the obtaining or verification of tax-related details should this be required for the purpose of preparing my income tax return.

Name :

Dated :