



CLIENT INFORMATION AND AUTHORITY FORM

MR/MRS/MISS/MS/OTHER _____ DATE OF BIRTH _____

SURNAME _____

GIVEN NAMES _____

TAX FILE NUMBER _____

EMAIL ADDRESS _____

PHONE NUMBER _____

RESIDENTIAL ADDRESS

SUBURB _____ STATE _____ POST CODE _____

POSTAL ADDRESS (if different from above)

SUBURB _____ STATE _____ POST CODE _____

SPOUSE DETAILS: (if applicable)

LAST NAME _____

FIRST NAMES _____ DOB _____

BANK DETAILS Account name: _____

BSB _____ Account Number _____

I authorise H&A Tax Accountants Pty Ltd to access the ATO Tax Agent Portal for any necessary information whilst assisting in my taxation affairs. I also authorise that H&A Tax Accountants Pty Ltd to correspond with the ATO on my behalf if necessary whilst I am a client with them.

SIGNATURE _____

DATE _____