



CLIENT ENTITY INFORMATION AND AUTHORITY FORM

CONTACT PERSON DETAILS:

SURNAME: _____ FIRST NAME: _____

PHONE NUMBER _____

EMAIL ADDRESS _____

ENTITY DETAILS:

ENTITY NAME: _____

TAX FILE NUMBER: _____

ABN NUMBER: _____

ENTITY TYPE: (PLEASE CIRCLE) PARTNERSHIP / COMPANY / TRUST / SMSF / OTHER _____

ENTITY ADDRESS

SUBURB _____ STATE _____ POST CODE _____

ENTITY POSTAL ADDRESS (if different from above)

SUBURB _____ STATE _____ POST CODE _____

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 our taxation affairs. I also authorise that H&A Tax Accountants Pty Ltd to correspond with the ATO on our behalf if necessary whilst we are a client.

SIGNATURE _____

DATE _____



DIRECTORS / PARTNERS / BENEFICIARIES / MEMBER

Please supply the following for each:

SURNAME: _____

FIRST NAMES: _____

TAX FILE NUMBER: _____ DATE OF BIRTH: _____

SURNAME: _____

FIRST NAMES: _____

TAX FILE NUMBER: _____ DATE OF BIRTH: _____

SURNAME: _____

FIRST NAMES: _____

TAX FILE NUMBER: _____ DATE OF BIRTH: _____

SURNAME: _____

FIRST NAMES: _____

TAX FILE NUMBER: _____ DATE OF BIRTH: _____

SURNAME: _____

FIRST NAMES: _____

TAX FILE NUMBER: _____ DATE OF BIRTH: _____