



## CLIENT CONTACT FORM

<b>TAX FILE NUMBER:</b>	<b>DATE OF BIRTH:</b>
<b>Mr/Mrs/Ms/Miss/Dr</b> (PLEASE CIRCLE ONE)	<b>Surname:</b>
	<b>First name:</b>
	<b>Middle name:</b>

<b>RESIDENTIAL ADDRESS:</b>		
<b>SUBURB:</b>	<b>STATE:</b>	<b>POSTCODE:</b>
<b>POSTAL ADDRESS (If different from residential):</b>		
<b>SUBURB:</b>	<b>STATE:</b>	<b>POSTCODE:</b>

<b>EMAIL ADDRESS:</b>			
PHONE CONTACT DETAILS (Please indicate best time and which phone to use)			
<b>HOME</b>	_____	AM/PM	_____
<b>MOBILE</b>	_____	AM/PM	_____
<b>WORK</b>	_____	AM/PM	_____
<b>OCCUPATION:</b>			

PLEASE PROVIDE YOUR <b><u>BANK ACCOUNT DETAILS</u></b> FOR REFUNDS TO BE DEPOSITED INTO
<b>BSB:</b>
<b>ACCOUNT NUMBER:</b>
<b>ACCOUNT HOLDER'S NAME:</b>

Please provide the full copy of the latest tax returns lodged.

Please provide the two of your main Identity Documents copies, such as passport, driver's license (both sides), medicare cards.

If you are a new client, how did you hear about us?

Are you happy to be contacted by SMS? **YES/NO**

Would you like to receive MyC Accountants newsletters? **YES/NO**

Any other comment:

I agree that MyC Accountants can access the ATO Tax Agent Portal and gather information necessary to complete my tax return and handle my tax affairs for the period that I am a client of MyC Accountants.

**SIGNATURE:**

**DATE:**