



AstroTax

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Contact us on 6262 8327 or Stacey
on 0419 916 038 or Ross on 0431
774 479

NEW CLIENT CHECKLIST

Please complete as much as possible and return to us at reception@astrotax.com.au
(ignore where not applicable)

Business Name: _____

Last Name: _____

Title: Mr / Mrs / Ms / Miss / Dr _____

First Name: _____

Other Given Names: _____

DOB: _____

Preferred Contact Number: _____

Current software and version: _____

TFN: _____

ACN: _____

SFN: _____

ABN: _____

Postal Address: _____

Street Address: _____

Other: _____

Fax: _____

Home: _____

Mobile: _____

Other: _____

Email 1: _____

Email 2: _____

Please also attach the following (where possible/applicable):

Last 2 years Income Tax Returns including depreciation schedules _____

Latest Financial Statements including depreciation schedule _____

Copies of any loan, hire purchase, chattel mortgage or similar _____

Last Fringe Benefits Tax Return (if any) _____

Latest data file (MYOB, Quickbooks, Xero, other) or _____

Please contact us to discuss provision of login details if online. _____