

CLIENT TAX RETURN INFORMATION



*Friendly service from
Professionals who care*

Surname	Christian Names	Date of birth	Occupation	
Phone	Postal address			
Fax	Street address			
Mobile	Email address			
Do you have a partner?	Yes / No	Partner's name:		
Were you and your partner living together for the whole year?		Yes / No		
If not full year, show dates actually living together/...../..... To/...../.....				
Are you a sole parent?	Yes / No	Show dates you were a sole parent/...../..... To/...../.....		
Who claims the children - you?	Yes / No	or claimed by your partner	Yes / No	
List dependant children living with you (this includes children at Boarding School etc)				
SURNAME	CHRISTIAN NAMES	Date of Birth	School	List dates if not full year
FEES: Do you wish to have our lodgement fee deducted from your refund?			YES / NO	
TAX REFUND: Do you want your refund paid via eft to your bank account?			YES / NO	
BSB	Account	Account name		

CLIENT AUTHORITY

I authorise Cape York Accounting Westcourt to prepare and lodge my tax returns using information supplied by me. This document also authorises Cape York Accounting Westcourt to seek all information concerning any payments made to me by my employers or government agencies, and to have this information sent directly to them, so that Cape York Accounting Westcourt has all of the information necessary to complete my tax returns.

I have enclosed PAYG Summaries from all employers for whom I worked during the year.

Signature

Date

**PLEASE RETURN TO CAPE YORK ACCOUNTING WESTCOURT
P O BOX 41W WESTCOURT QLD 4870 OR FAX 07 4031 1891**