

# CLIENT INTERVIEW SHEET



**OM TAX SERVICES**

<b>CLIENT NAME</b>	First Name:	Last Name:	Preferred Name:
<b>TITLE</b>	Mr / Mrs / Miss / Ms/ Other _____		
<b>TAX FILE NUMBER</b>		<b>DATE OF BIRTH</b>	D/M/Y
<b>ABN</b>		<b>BUSINESS NAME</b>	
<b>POSTAL ADDRESS</b>			
SUBURB/TOWN		STATE	POSTCODE
<b>RESIDENTIAL ADDRESS</b>			
SUBURB/TOWN		STATE	POSTCODE
<b>TELEPHONE NO.</b>	<b>Home</b>	<b>Mobile</b>	
<b>E-MAIL ADDRESS</b>			
<b>How did you know us</b>	Walk in/ Google / Facebook / Our Website / Friends / Referred by: _____		
<b>OCCUPATION</b>			
<b>BANK DETAILS</b>	<b>BSB</b>	<b>ACCOUNT NO.</b>	
<b>Are you on a visa?</b>	<b>No/Yes, please specify</b>	<b>When did you arrive AU?</b>	
<b>Do you have Medicare?</b>	<b>No/Yes</b>	If not eligible for Medicare, would you like to apply exemption? \$20 per application (you need to meet criteria). No /Yes	
<b>PRIVATE INSURANCE</b>	NO / YES, please give details	<b>Fund name:</b>	<b>Member No:</b>
<b>Do you own a car?</b>	NO / YES, please give details	<b>Brand:</b>	<b>Model:</b>
<b>SPOUSE'S NAME</b>	First Name:	Last Name:	Preferred Name:
<b>SPOUSE'S DOB</b>	D/M/Y	Did you have a spouse for the full financial year?	No / Yes
<b>SPOUSE' GENDER</b>	MALE / FEMALE	<b>Any Dependent Children?</b>	Number of children: _____
<b>DEBTS</b>	HELP / SSL / ABSTUDY SSL / SFSS / TSL / Centrelink debts		

I declare that:

- The information provided to my registered tax agent for the preparation of this tax return is true and correct, AND
- I authorize my registered tax agent to lodge this tax return.

<b>Taxpayer's name:</b> <input type="text"/>	<b>Tax agent's name:</b> <input type="text"/>
<b>Taxpayer's signature:</b> <input type="text"/>	<b>Tax agent's signature:</b> <input type="text"/>
Date: <input type="text"/> Day / <input type="text"/> Month / <input type="text"/> Year	Date: <input type="text"/> Day / <input type="text"/> Month / <input type="text"/> Year