

Achor Accounting Services

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Individual Tax Return Client Consent Form

Personal details as per ATO records:

a. Mr.	Ms.	Mrs.	Miss	Other	
b. First nar	าe:		Surname:		
c. Date of I	3irth:	Tax	File Number	(TFN)	
d. Did you	change your add	lress in the las	t 12 months:	Yes / No	
e. Address	Unit / Stree	t No & Name .			
	Suburb:			Post code:	
	Mobile No .		Emai	l:	
f. Bank Ac	count details:	Account Name	e:		
		BSB:	A/C	No:	
Please circl	e Yes / No for	the items bel	ow:		
Marital Sta	tus Sing	gle / Married	(If married	l, complete the spo	use details below)
	Estimated [*]	Taxable incon	ne:	FN:	
Salary Inco	me :	Yes / No	o Invest	tment property:	Yes / No
Asset Dispo	sal / CGT ever	nt: Yes / No	Sole T	rader Business:	Yes / No
Medicare L	evy exemption	 1: Yes	/ No		
Last year T	ax agent fee pa	aid amount:			
Declaration: I dec myself in ATO Por				authorise Achor Acco	unting Services to add
•	_	-		or Accounting Services to gement for my Tax reti	_
Client Signature				Date:	
		Off	ice use only		
Client code:		Off	ice use only		
Tax Portal entr	, y date: , s / No	Off			