



Tax agent  
00339009

# AUTHORITY FORM APPOINTMENT OF TAX AGENT

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Full Name:

Address:

DOB:

Best Contact (before hours):

Mobile:

Email:

TFN/ABN:

Last Year Lodged:

Previous Accountant (name, address & contact details):

Bank Account Details:

How do you hear about us? (Please tick):

- Internet
- Referee's name
- OneFlare
- Other

Service required (Please tick):

- End of year Income Tax Return – Individual
- End of year Income Tax Return – Company
- End of year Income Tax Return – Partnership
- End of year Income Tax Return – Trust
- End of year Income Tax Return – Self Managed Super Fund
- Administration of Self-Managed Super Fund

- Payroll Services
- Bookkeeping Services
- Tax Advice

Client Declaration:

Individual - Full Name \_\_\_\_\_ Signature \_\_\_\_\_

Individual - Full Name \_\_\_\_\_ Signature \_\_\_\_\_

Individual - Full Name \_\_\_\_\_ Signature \_\_\_\_\_

Trustee - Full Name \_\_\_\_\_ Signature \_\_\_\_\_

Trustee - Full Name \_\_\_\_\_ Signature \_\_\_\_\_

Director - Full Name \_\_\_\_\_ Signature \_\_\_\_\_

Director - Full Name \_\_\_\_\_ Signature \_\_\_\_\_

Partner - Full Name \_\_\_\_\_ Signature \_\_\_\_\_

Partner - Full Name \_\_\_\_\_ Signature \_\_\_\_\_

Date: