

Client Registration Form

Individual Tax Return



Client background information

Last name							
First name		Middle name/s					
Street Address							
Suburb		State		Postcode			
Postal Address							
Suburb		State		Postcode			
Date of birth		TFN		Gender		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Telephone		M		W		H	
Email							
Attach a copy of your tax return for the previous year						YES <input type="checkbox"/> N/A <input type="checkbox"/>	
Bank Account (for refund purposes)							
Account name							
BSB		Account number					
Have you been a resident of Australia for the whole year?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, provide dates	
Did you have a spouse for the whole year?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, provide dates	
Spouse Details (if applicable)				Number of dependent children			
Last name							
First name		Middle name/s					
Date of birth		TFN		Gender		Male <input type="checkbox"/> Female <input type="checkbox"/>	

I confirm that the details provided in this form are true and correct. I also authorise Quadpath Pty Ltd to access my prefilling report from the ATO.

Sign: _____

Name:

Date:

Preliminary Questions

1	Are you an employee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If yes, please provide the following details:		
	What is your occupation?		
	Did you cease working for an employer during the financial year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Did you undertake a course relating to your occupation this year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Do you have income protection insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	Do you receive bank interest?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3	Do you own shares in a company or units in trust?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If yes, please provide the following details:		
	How many holdings do you have?		
	Are they all publicly listed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Did you receive dividends this year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Did you sell any shares or units during the year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4	Do you receive government allowances or payments?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5	Do you have any distributions from partnerships or trusts?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6	Do you operate a business as a sole trader?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7	Do you have any rental properties?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If yes, please provide the following details:		
	How many do you own?		
	Are they managed by a real estate agent?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8	Did you sell any assets or investments during the year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9	Did you receive or pay child support or maintenance payments?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10	Do you have private health cover?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other information – please provide any other relevant information or list any questions you have			