



CLIENT CONTACT FORM

TAX FILE NUMBER:	DATE OF BIRTH:
Mr/Mrs/Ms/Miss/Dr (PLEASE CIRCLE ONE)	Surname:
	First name:
	Middle name:

RESIDENTIAL ADDRESS:		
SUBURB:	STATE:	POSTCODE:
POSTAL ADDRESS (If different from residential):		
SUBURB:	STATE:	POSTCODE:

EMAIL ADDRESS:			
PHONE CONTACT DETAILS (Please indicate best time and which phone to use)			
HOME	_____	AM/PM	_____
MOBILE	_____	AM/PM	_____
WORK	_____	AM/PM	_____
OCCUPATION:			

PLEASE PROVIDE YOUR <u>BANK ACCOUNT DETAILS</u> FOR REFUNDS TO BE DEPOSITED INTO
BSB:
ACCOUNT NUMBER:
ACCOUNT HOLDER'S NAME:

If you are a new client, how did you hear about us? _____

Are you happy to be contacted by SMS? **YES/NO**

Would you like to receive MyC Associates newsletters? **YES/NO**

I agree that MyC Associates can access the ATO Tax Agent Portal and gather information necessary to complete my tax return and handle my tax affairs for the period that I am a client of MyC Associates.

SIGNATURE:

DATE: