

Kern EBF – External Business Functions

Accounting - Business Advisors - Tax

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Engagement of Returning & New Client Details Form

This form MUST be completed and received at least one day before appointment time.

Please fill out the required information and send to:

adam@kernebf.com.au

First Name and Middle Names:

.....

Last Name:

.....

Date of birth:

.....

Tax File Number:

.....

(Home) (Business) (Please circle)

Address:

Street and Number:

Suburb:

Post Code:

Mobile Number:

Home Number:

Email:

By signing this engagement, I understand and agree for all processes necessary in preparing the tax return it is my obligation to also ensure I have all income and expense substantiation receipts and records for my tax return for ATO inspections.

*I give authority for the above information to be used to prepare and lodge my tax returns.

Client Signature:

Date: