



DMC TAX PTY LTD

ABN 83 797 457 645
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New Client Registration

Please complete all details below

Tax File Number: ABN:

Are you an Australian resident? (Please circle) YES / NO / UNSURE

Please circle one: Mr / Mrs / Ms / Miss / Dr

Full Name:

Name changed since last return? NO / YES. If YES, previous name:

Has your Postal address changed since last tax return? NO / YES

Current Postal Address:

Date of birth: / /

Telephone: (H) (W) (M)

Email:

Occupation:

Are you (Please circle): Single / Defacto / Married / Divorced / Widowed

If applicable, Spouse Name: DOB:

Spouse's Taxable income:

Do you have any dependent children? NO / YES If YES, provide names & DOBs:

It is now a requirement of the ATO to provide your bank details in order to lodge your Tax Return.

Please provide bank details BSB: Account Number:

Account name:

From time to time, we may receive correspondence from ATO or other agencies on your behalf.

How would you like to receive correspondence from us? (Please circle): Post / Email

Do you have myGOV? YES / NO

Are you linked to the ATO through MyGOV? YES / NO

How did you hear about DMC tax? (Please circle): FRIENDS / FAMILY (their name):

FACEBOOK / OUR WEBSITE / ADVERTISEMENT / OTHER, please specify:

****Authorised Contact.**

Name: Contact Number:

Relationship: