

WISE

Accounting and Financial Services

PERSONAL INFORMATION

SURNAME		SEX	M / F
GIVENNAME		DOB	
TFN:			
ABN:	JOB TITLE:		
BANK ACCOUNT NAME:			
BSB:	ACCOUNT NO:		

CONTACT DETAILS

ADDRESS:			
PHONE:			
RESIDENCY:	PR / Student	E-Mail:	

SPOUSE DETAILS

SURNAME		SEX	M	F
GIVEN NAME		TITLE		
INCOME		DOB		
CHILDREN				

Health Insurance Provider			
Card No:		EXP	
Vehicle Info:			
REGO	MODEL	ENG	KMS

General Expenses:

Uniform		
Protective		
Launary		

I understand that the Wise Accounting and Financial Services is responsible for the review and lodgment of my / my businesses' tax returns and Bases. I understand that the tax consultant helping prepare my tax return is an employee of Wise Accounting and Financial Services.

I declare that all the information I have given in this tax and GST return, including the supplement to the tax return, schedules and details on the pages of this booklet is true and correct. AND:

I have shown all my income, for tax purposes - including net capital gains - from sources in and out of Australia for the year of income;
I have the necessary receipts and / or other records - or expect to obtain the necessary written evidence within a reason-able time of lodging this tax return - to support my claims for deductions, offsets etc. AND:

I have obtained the consent of my spouse to quote their TFN where this is given.

I also authorize the above tax agent to view my details and my businesses financials' affairs in online portal

Office Use Only:

Comment:

Interviewer:

Payment Status: Cash/Bank

Date Lodged:

Lodgment Ref no & date:

Signature:

Date:

Office 1: Suite 15, 168 Haldon St, Lakemba NSW 2195
Office 2: 19 The Boulevard, Lakemba, NSW 2195

ABN: 46 637 760 390

Mob:0421 358 059/ 0412 458 815

email: [bazlulazad@gmail.com/](mailto:bazlulazad@gmail.com)
masudkhalil@hotmail.com