



Accounting Solutions for Your Business

2 Collins Place, Kilsyth VIC 3137
Phone: 03 9722 9777

CLIENT UPDATE FORM

Name / Entity Name		
Date of Birth		
T.F.N.		
Medicare Number		
A.B.N.		
A.C.N.		
Update for	<input type="checkbox"/> IT – Income Tax (ATO) <input type="checkbox"/> AS – Activity Statements (ATO)	
Reason	<input type="checkbox"/> Add Client <input type="checkbox"/> Delete Client <input type="checkbox"/> Change Contact Details <input type="checkbox"/> Change of Name <input type="checkbox"/> Return Not Necessary for the year: _____ <input type="checkbox"/> No Further Return Necessary Reason:	
Income Tax – Address for Service of Notice	<input type="checkbox"/> C/ - Tax Bridge , PO Box 191, Croydon, Vic, 3136 <input type="checkbox"/> Other address:	
Activity Statements – Address for Service of Notice	<input type="checkbox"/> Not Applicable <input type="checkbox"/> C/ - Tax Bridge , PO Box 191, Croydon, Vic, 3136 <input type="checkbox"/> Other address:	
<p>*Declaration Upon signing of this statement I grant authority to Tax Bridge Pty Ltd to act on my behalf in relation to any and all Australian Taxation Office (ATO) Income Tax / Activity Statement compliance activities. I also authorise Tax Bridge Pty Ltd to request my Medicare Benefits Tax Statement and Private Health Insurance details, if relevant.</p> <p>Tax Payer's Signature: _____ /_____/_____</p> <p>Tax Agent's Signature: _____ /_____/_____</p> <p>Tax Agent Number: _____</p>		
OFFICE USE ONLY:	DATE	INITIALS
ADDED TO PORTAL:		