



Client Engagement Letter

Financial Year/s: _____

Mr. / Mrs. / Ms. (please circle)	Family Name:	First Name:
Middle Name:	Date of Birth:	
Address:	Phone:	Mobile:
	Email ID:	
Have you changed your name since your last tax return? Yes / No	Have you changed your address since your last tax return? Yes / No	
Main Occupation for Salary/Wage:	Bank Details: BSB: _____ Account No: _____	
TFN:	ABN:	
Please provide your spouse details below		
Family Name:	First Name:	
Date of Birth:	Period of relationship:	
TFN:	Adjusted taxable income: \$	
Number of dependent children:		
Are you a Resident for TAX purposes in Australia (please circle relevant answer) YES / NO		
NOTES: (For office use only)		
Accountant: _____		
Private Health Insurance		
Provider Name	Membership Number	Validity
Please Note: \$50 professional fee applicable for 15-minute consultation or estimate of tax return. Please		

confirm the total fee before we start your work.				
PAYG Income				
Type	Employer ABN	Gross Salary	Allowances	Tax Withheld
PAYG - 1				
PAYG - 2				
PAYG - 3				
PAYG - 4				
Other Income				
Type		Income	Tax Withheld / Paid	
ABN Income				
Foreign Income				
Bank Interest Earned				
Investment Income				
Income from Capital Gains				
Government Payments & Other Income				
Work Related Expenses (must have supporting documents)				
Type		Amount	Business Use %	
Uniform, Laundry and Protective Clothing Expenses				
Previous Year Tax Agents Fee				
Car and Travel Expenses				
Gifts and Donations				
Other Work Related Expenses (must have supporting documents)				
Type		Amount	Business Use %	

I declare that the information provided to prepare my tax returns is true and correct. I authorise Universal Accountants to lodge my tax return electronically. I understand and I have the relevant documents for substantiation of income (PAYG, Bank Statements etc.) and deductions (tax invoices, receipts etc.) and will retain the records for five years. I read and understood the terms and conditions of the engagement with Universal Accountants. Upon request from Universal Accountants and/or ATO I will provide the documents accordingly. I am aware that any additional services (e.g. review by ATO) provided by Universal Accountants will incur additional charges. I also authorise Universal Accountants to amend my tax returns once I submit Medicare levy exemption certificate via. Email/post/in person.

Signature:

Agreed Fee:

Name:

Date: