

CLIENT INFORMATION FORM

Thank you for choosing TR Accounting Services. This form helps us understand your business and ensure we provide the right support from the beginning.



BUSINESS DETAILS

Business Name

Trading Name (if different)

ABN

Business Structure

☐

Sole Trader

☐

Partnership

☐

Company

☐

Trust

☐

Not-for-Profit

☐

Other

 Business
Address

Street address

City

State

Postcode

Industry / Type of Business

For Sole Traders Only

Date of Birth

Tax File Number



CLIENT DETAILS

Full Name

Position / Title

☐

Owner

☐

Partner

☐

Trustee

☐

Manager

☐

Director

☐

Other

Phone

(tick preferred)

☐

Home:

☐

Mobile:

Email address

 Additional Contact Name
(if applicable)

Preferred Contact Method

☐

Email

☐

Phone

☐

SMS

☐

Whatsapp

Best Time to Contact



CURRENT ACCOUNTING SETUP

Accounting Software

- ☐ Xero ☐ QuickBooks ☐ MYOB ☐ Reckon ☐ Excel / Manual Records ☐ Other

Current Support

Do you currently work with a Bookkeeper? ☐ Yes ☐ No

Business Name (if applicable)

Do you currently work with an Accountant? ☐ Yes ☐ No

Business Name (if applicable)

Reason for changing providers (Optional)



SERVICES REQUIRED

Please select the services you would like support with

Bookkeeping

- ☐ Ongoing Bookkeeping Support ☐ Catch-Up / Cleanup Work ☐ Bank Reconciliations
☐ Accounts Payable ☐ Accounts Receivable

Payroll

- ☐ Employee Payroll Setup ☐ Payroll Processing ☐ Superannuation Processing
☐ STP Reporting ☐ EOFY Payroll Finalisation

BAS & Compliance

- ☐ BAS / IAS Preparation & Lodgement ☐ GST Registration & Support ☐ ATO Correspondence Assistance

Advisory & Reporting

- ☐ Quarterly Reporting ☐ Financial Reporting ☐ Other
☐ Xero Training & Support ☐ Software Setup & Support



BUSINESS INFORMATION & DOCUMENTS

SYSTEMS & ACCESS

Please indicate which access can be provided to support your services

- ☐ Accounting Software Access ☐ Bank Feeds Available ☐ ATO Portal Access
☐ Employee Records Available (if applicable)



REFERRAL SOURCE

Please let us know how you found TR Accounting Services

- ☐ Facebook ☐ Google Search ☐ Existing Client ☐ Accountant ☐ Friend / Family
☐ Referral ☐ Other



IMPORTANT BUSINESS INFORMATION

Please let us know if any of the following apply

- Do you have any outstanding BAS obligations? ☐ Yes ☐ No
Do you have any outstanding tax returns? ☐ Yes ☐ No
Do you currently have payroll issues requiring attention? ☐ Yes ☐ No
Are there any upcoming deadlines we should be aware of? ☐ Yes ☐ No

If yes, please provide details :

Are there any business challenges or concerns you would like assistance with?



CONSENT AND AGREEMENT

I confirm that the information provided in this form is true and accurate to the best of my knowledge. I authorise TR Accounting Services to use this information for the purpose of providing bookkeeping, payroll, BAS and related accounting support services.

Client's Signature:

Date:

.....

.....



OFFICE USE ONLY

- Client Added to ATO Portal ☐ Yes ☐ No ID Verification Completed ☐ Yes ☐ No
Engagement Letter Signed ☐ Yes ☐ No Software Access Received ☐ Yes ☐ No

Notes



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