



UNSW Tax and Business Advisory Clinic

<http://unsw.to/taxclinic>
taxclinic@unsw.edu.au

Client Referral Form

Please use **BLOCK LETTERS** or tick responses, as required.

Email completed form to taxclinic@unsw.edu.au

Section 1: Referrer Details

Referring Organisation:

Date:

Referring Agent Name:

Agent Email:

Client consents to referral?

Contact Number:

Does client have a preference of tax agent?

Section 2: Client Details

Client Name:

DOB:

Client Email:

Relationship Status:

Contact Number:

No. of Dependants:

Current Housing:

Employment Status:

Annual Income:

Centrelink Payments

Parenting Payment

Age Pension

Disability Support Pension

Veterans Payment

Carer Payment

Jobseeker

Austudy

Youth Allowance

ABSTUDY

Other:

Presenting Issues

Domestic Violence

Mental Health

Disability

Environmental Disaster

Financial Abuse

Substance Abuse

Other:

Section 3: Financial Situation

Does the client have an accountant?

YES, *provide details:*

Does the client have any:

Companies

Partnerships

Trusts

Sole Trader / Own Business

If Yes, provide details:

Does the client have an ABN?

YES, *provide details:*

Has the client ever registered for GST?

Can client access their myGov account?

Has client received correspondence from the ATO?

Presenting tax issue:

- Tax Debt

If so, amount owing:

- Overdue lodgement

How many overdue Individual Tax Returns

How many overdue BAS

Client Case Information:

