

IRVIN & COMPANY ACCOUNTANTS

Accountants & Taxation Consultants

Registered Tax Agents

A.B.N 49 203 754 945

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Client Interview Checklist**Name:****Year:****Occupation:****Change of Details**

Children:	Spouse:
Address:	
Phone Numbers:	

Income

Group certificates: Yes / No	No. of Certificates:	
Newstart / Pension: Yes / No	Type:	
HELP Debts: Yes / No	How Much: \$	
Bank:	Account #:	\$
Bank:	Account #:	\$
Bank:	Account #:	\$
Dividends: Yes / No		
Company:		
Company:		
Company:		
Partnership / Trust Distribution:		
Business Income:		
Capital Gains:		
Foreign Income:		
Other Income:		
Rental Income: Yes / No	No. of Properties:	

Deductions

Car:
Travel:
Uniform:
Self Education:
Other Work Related:
Gifts & Donations:
Accounting Fees:
Education Expenses:
Medical Expense Rebate:
Superannuation Rebate:
Bank Charges:
Other Expenses

Other

Dependents:
Pvt Health Insurance:
Assets Bought or Sold: