

Letter of Authority/ Declaration Form		
Family Name	Given Name	
Address:		
Date of Birth:	TFN:	
Occupation:	ABN:	
Contact No:	Email:	
Business Structure: Individual 🗌 Sole traders 🗌 Company 🗌 Trust 🗌 Partnership 🔲 SMFS 🗌 Other 🗌		
Residential Status: Resident 🗌 Non-Resident 🗌	Number of Dependents Under 21:	
Bank Name:	Accounts Name:	
BSB:	Account No:	

I authorised/ declared that

□ The information I have provided to the registered Tax agent for the preparation and lodgement of my tax return is true and correct.

□ I have declared all my income for Tax lodgement purposes, including net capital gains, interest earned, dividends, foreign income, from all sources in and out of Australia for the financial income year.

□ I have all the necessary receipts and /or other records, or except to obtain the necessary written evidence within a reasonable time of the lodgement of my return, to support my claims and I will keep all the records for at least five years.

□ I understand that the ATO has the right to review my Tax return and for a period of up to 5 years, to issues me with a revised assessment if a review shows any inconsistency/ inaccuracies that change my assessment

□ I authorised to Numberswaves to access my portal and become a client and deal with all taxation correspondce with ATO and relevant authorities.

□ I acknowledge and understand that by doing electronic correspondence, so I am bound to the same degree as if I was manually signing the copy of the documents.

□ I have informed my previous Tax agent/Accountant about authorising Numberswave to process and prepare my Bookkeeping, Accounting and Taxation matter onwards to which they have expressed no object. I have read and understand the terms and conditions contained within the Privacy Consent Documents and

□ I authorise Numberwaves as my registered Tax agent to lodge my returns electronically.

Name:		
Signature		Date:

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