GPA PROFESSIONALS

Partnership Client Form

Partnership details & contact information

Partnership Name	
Trading / Business Name	
Tax File Number	
ABN	
Partnership Type	
Date Business Commenced	
Business Industry / ANZSIC	
Business Address	
Postal Address	
Number of Partners	
Primary Contact Name / Role	
Mobile / Telephone	
Email	
GST Registered (yes / no)	
BAS Frequency (if applicable)	
Bank Account Name	
BSB	
Account Number	

Complete the partner details and client authority on page 2.

Attach a partnership agreement, if available, and details of any changes during the year.

Office Use	
Accountant Name	
Client Reference / Date Added	
Comments	

Partnership Client Form

Partner details & client authority

Partner 1

Full Legal Name / Entity Name	
Individual / Company / Trust / Other	
TFN / ABN (as applicable)	
Address	
Contact Phone / Email	
Profit / Loss Share (%)	

Partner 2

Full Legal Name / Entity Name	
Individual / Company / Trust / Other	
TFN / ABN (as applicable)	
Address	
Contact Phone / Email	
Profit / Loss Share (%)	

For additional partners, attach a separate schedule with the same details.

If profit and loss sharing ratios differ, list both. Note changes and effective dates separately.

Client Authority

I/We, as partner(s) or authorised representative(s) of the partnership, authorise GPA Professional Services Pty Ltd to access the partnership's information on the ATO Tax Agent Portal and prepare the partnership's tax return based on the information provided.

Signature of partner / authorised representative

Date

Name / capacity:

Signature of partner / authorised representative

Date

Name / capacity: