

Purpose of the Fact Finder

To provide you with the most appropriate taxation advice we need to ensure that we understand the wider strategic context of your business & personal financial affairs.

This Fact Finder gathers certain basic information that is important to the provision of sound tax advisory & compliance services.

This includes your assets & liabilities, your superannuation and other related information.

The ability to work with your other advisers is important and therefore we ask you to provide the contact details of your other advisers.



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Our Services

Our services include the following;

- Australian Tax
- International Tax
- Family Trusts
- Accounting
- Expatriate Tax Advice
- Superannuation Funds
- Shareholder Agreements
- Succession Planning

To download our Publications and for more information about our Services please go to www.marcarian.com.au

Contact Us

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Why have you come to see us?

So that we can best assist your needs please help us to understand your situation, by telling us why you have come to see us and how you believe we can help you, in the space below.

A large rectangular box containing 20 horizontal dotted lines for writing.

On the following pages we ask questions that commonly satisfy most of our inquiries about our clients' circumstances

If there are additional matters that are important to you or that we should be aware of and these are not addressed in our questions we encourage you to let us know about these in the notes section at the end of this booklet.

Section A: Personal Information

You	Spouse/Partner
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other_____	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other_____
Given Names_____	Given Names_____
Surname_____	Surname_____
Preferred Name_____	Preferred Name_____
Date of Birth ___/___/___	Date of Birth ___/___/___
Town/City of Birth_____	Town/City of Birth_____
Tax File Number_____	Tax File Number_____
Marital Status_____	Marital Status_____

Contact Details	
Home Address_____	Work Address_____
Suburb/Town_____	Suburb/Town_____
State_____ Post Code_____	State_____ Post Code_____
Home Email_____	Work Email_____
Home Telephone ()_____	Work Telephone ()_____
Home Fax ()_____	Work Fax ()_____
Mobile ()_____	Secretary/ PA Telephone ()_____

Section B: Other Advisors

Do we have your authority to contact your other advisors? If YES please provide full details below;

Previous Accountant _____	Telephone () _____
Address _____	
Banker _____	Telephone () _____
Address _____	
Financial Planner _____	Telephone () _____
Address _____	

Section C: Employment Details

You	Spouse/Partner
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other _____	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other _____
Occupation _____	Occupation _____
Employment Status: Employed <input type="checkbox"/> Own Business <input type="checkbox"/> Home Duties <input type="checkbox"/> Retired <input type="checkbox"/>	Employment Status: Employed <input type="checkbox"/> Own Business <input type="checkbox"/> Home Duties <input type="checkbox"/> Retired <input type="checkbox"/>
Years with employer? _____	Years with employer? _____
Employer _____	Employer _____

Section D: Children/Dependants

Full Name	Date of Birth	Relationship (if not child)

Section E: Estate Planning

Do you have a:	You		Spouse/Partner	
Will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approximate date last reviewed _____				
Enduring Power of Attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Estate Planning Objectives (Please describe in the space below)				

Section F: Business Details

You	Spouse/Partner
Business Structure:	Business Structure:
Sole Proprietor <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>
Partnership <input type="checkbox"/>	Partnership <input type="checkbox"/>
Company <input type="checkbox"/>	Company <input type="checkbox"/>
Trust/Unit Trust <input type="checkbox"/>	Trust/Unit Trust <input type="checkbox"/>

Section G: Financial Objectives

Short Term (Next 1-3 Years)

- 1. _____

- 2. _____

- 3. _____

Medium Term (From 3 to 5 Years)

- 1. _____

- 2. _____

- 3. _____

Long Term (5 Years and above)

- 1. _____

- 2. _____

- 3. _____

Section H Assets and Liabilities

	Assets \$	Liabilities \$	Ownership		
			Joint	You	Spouse
Principal Residence	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash and Bank Deposits	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicles	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment Property	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address _____					
Address _____					
Business Interests	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance Policies	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collectables	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Superannuation	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holiday Home	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Assets	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Loans/Overdrafts etc.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Tax Debts	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totals	_____	_____			
Net Assets (A) – (L) = \$ _____					

Section I: Bank Accounts

Bank	Name of Account	Type	BSB	Account Number

Section J: Superannuation Details

	You	Spouse/Partner
Fund Name	_____	_____
Approximate Date Joined	_____	_____
Approximate Market Value	_____	_____

Section K: Insurance Details

Do you have a:	You		Spouse/Partner	
Income protection Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes what level of cover	_____			
Please state the name of the Insurance provider	_____			
Life Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes what level of cover	_____			
Please state the name of the Insurance provider	_____			
Serious Illness Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes what level of cover	_____			
Please state the name of the Insurance provider	_____			

Section L: Declarations

The information provided to Marcarian & Co in this Fact Finder is provided solely to assist Marcarian & Co in carrying out duties as Chartered Accountants and Tax Agents.

I confirm that Marcarian & Co is not being engaged to provide me with financial product advice or general financial advice.

Name _____

Name _____

Signed _____

Signed _____

Date ____/____/____

Date ____/____/____