



Client Information Form

Please complete this form using block capitals

Business contact details

Title and Forename:	<input type="text"/>	
Surname:	<input type="text"/>	
Position in Business:	<input type="text"/>	
Telephone Number:	<input type="text"/>	<input type="text"/>
Mobile Number:	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	
Fax Number:	<input type="text"/>	<input type="text"/>

Business details

Business Name:	<input type="text"/>	
Trading Name (if different)	<input type="text"/>	
Business Type:	Limited Company Sole Trader Limited Liability Partnership Partnership	
Country of Registration:	<input type="text"/>	
Registered Office Address:	<input type="text"/> <input type="text"/> <input type="text"/>	
Postcode:	<input type="text"/>	

Please ensure that you also include- Proof of identity (e.g. copy of passport / driving licence with photocard)
an original utility bill (dated within the last 3 months)
64-8 (if requested)

Winchester office

t. 01962 856 990

Innovations House, 19 Staple Gardens
Winchester, Hampshire, SO23 8SR

London office

t. 020 7917 2824

Tax Innovations, London Office
180 Piccadilly, London, W1J 9HF



tax innovations
because tax matters, we count.

FOR INTERNAL USE ONLY

Allocated Manager (Initials):

Services to be provided:

Personal Tax	Annual Accounts	Statutory Accounts	Corporation Tax	VAT

Management Accounts	Payroll	Investment Tax	P11D	Other

L.O.E / ML

Iris

64-8

Database

Hard copy

Quickbooks

Generated	Sent	Completed / Received

Other comments / related companies or clients:

Actions: File
Iris
P Drive

Seen and Reviewed by:

S Christy
N Day
L Griffiths
S Griffiths
S Nichols
J Pearson
N Turpin
J Waddington

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