

INDIVIDUAL IT12 CLIENT DETAILS

TAXCO CLIENT CODE

TAXCO FIRM

TAXCO GROUP

CLIENT NAME

PROFESSION

ENTITY TYPE

INDIVIDUAL ☐DIRECTOR ☐MEMBER ☐

OTHER

Contact First name

Middle Name

Last Name

EMAIL

PHONE

CELL

BUSINESS

ID /PASSPORT NO.

GENDER

M / F

MARITAL STATUS

SINGLE ☐In COP ☐Out COP ☐

OTHER

PARTNER NAME

ID

DEMOGRAPHIC

AFRICAN ☐WHITE ☐COLOURED ☐ASIAN ☐

DISABILITY

NO ☐YES ☐

TAX NR

LOGINS

EFILING

BANK NAME

ACC NR

ACCOUNT TYPE

BRANCH

ADDRESS

PHYSICAL/POSTAL

SERVICES

INCOME TAX ☐PROV TAX ☐OTHER ☐

INCOME TAX INFO

IRP5 ☐INTEREST ☐ANNUITY ☐CAP GAIN ☐MEDICAL ☐R/A ☐TRAVEL ☐OTHER ☐

CLIENT SIGNATURE

DATE