

BUSINESS REGISTRATION INFORMATION FORM
For ABN, TFN & GST Registration

Client Name for registration:			
Are you a:	Company <input type="checkbox"/>	Trust <input type="checkbox"/>	Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> Other <input type="checkbox"/>
Do you require a ABN:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you require a TFN:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If a company do you wish to have your registered office at our premises		Yes <input type="checkbox"/>	No <input type="checkbox"/>
From what date do you require your ABN – when do wish to commence trading:			
What is your main business activity:			
Do you have a trading name:			
Please provide the names and tax file numbers of all associated individuals or others: (Directors, Trustees, Company, etc)			
Are you required to be registered for GST or do you wish to register for GST: (If your turnover is under \$75,000 you are not required to register for GST but may voluntary register)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is your turnover or expected turnover;	\$0 - \$75,000 <input type="checkbox"/> \$75,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> \$1,000,001 - \$19,000,000 <input type="checkbox"/> \$20,000,000+ <input type="checkbox"/>		
How do you wish to report your GST	Cash <input type="checkbox"/>	Accrual <input type="checkbox"/>	
How often do your wish to lodge your activity statements	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/>		
Will you need to be registered for PAYG Withholding: (Will you have employees)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes to above, how many employees will you have			
How much do you expect to withhold in PAYG withholding annually	\$		

Signed:.....

Date:.....