

## SMALL BUSINESS SCHEDULE 2017

Client Name: \_\_\_\_\_

New clients should complete all items below. Returning clients need only provide those items not previously disclosed. Post this completed form, and all attachments, with your Wage Earner Form, to our Tenterfield office: **98 High Street, Tenterfield NSW 2372. Please call 02 6736 5383** for any enquires.

Trading Name:	_____	N/A	N/A
Type of Entity:	_____		
ABN:	_____		
Date Commenced Trading:	_____		
Main Business Description:	_____		
Are you Registered for GST?	Yes   No		
Are you Registered for PAYG Withholding?	Yes   No		
If Yes, When do you Report?	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		

### STAFF

Do you employ staff members?	Yes   No	Copies of PAYG Summaries issued	<input type="checkbox"/>
Have you issued PAYG Summaries for 2016?	Yes   No	Copies of PAYG Withholding Statement	<input type="checkbox"/>
Have you completed PAYG Statement for ATO?	Yes   No		
Are your SGC obligations up to date?	Yes   No		

### INCOME

Did you receive income from the business this financial year?	Yes   No	Electronic or Manual Book Keeping Records	<input type="checkbox"/>
		Bank Statements	<input type="checkbox"/>
		Bank Reconciliation	<input type="checkbox"/>

### EXPENSES

Do you have expenses associated with the operation of this business this financial year?	Yes   No	Cheque Books	<input type="checkbox"/>
		Deposit Books	<input type="checkbox"/>

BUSINESS DETAILS	Evidence Required	Attached
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<b>ASSETS</b>		
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Do you have stock on hand?	Yes   No	Value: \$	Please provide copy of purchase invoices/documents	<input type="checkbox"/>
Did any of your customers have outstanding invoices as at 30 <sup>th</sup> June?	Yes   No	Value: \$		
Did the business purchase any durable items valued at over \$20,000.00 this year?	Yes   No			
Description:	Date Purchased:	Purchase Value:		
	/ /	\$		
	/ /	\$		
	/ /	\$		
	/ /	\$		
Where there any existing business assets as at 1st July 2016?	Yes   No	Value:	Copy of previous year's tax return including depreciation schedules	<input type="checkbox"/>
Description:		\$		
		\$		
		\$		
		\$		

<b>LIABILITIES</b>		
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Did you have any outstanding invoices for your Suppliers as at 30 <sup>th</sup> June?	Yes   No	Value: \$			
Does the business have any loans?	Yes   No	Value: \$		Bank Statements	<input type="checkbox"/>
Does the business operate an overdraft facility?	Yes   No	Value: \$		Bank Statements	<input type="checkbox"/>
Does the business operate a credit card facility?	Yes   No	Value: \$		Bank Statements	<input type="checkbox"/>