



Client Name: _____

New clients should complete all items below. Returning clients need only provide those items not previously disclosed.

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
ASSETS				
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 th 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 2015?	Yes No	Value:	Copy of previous year's tax return including depreciation schedules	<input type="checkbox"/>
Description:		\$		
		\$		
		\$		
		\$		
LIABILITIES				
Did you have any outstanding invoices for your Suppliers as at 30 th 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"/>