

TFN, ABN, GST Application Worksheet

Entity to be registered: _____

Invoice Client YES / NO
 P&A to complete GST/PAYG returns YES / NO

Application for TFN

If not, then list TFN _____

If Company, Partnership or Trust, then list ACN/ARBN _____

Register for ABN

Register From: ___ / ___ / ___

Register for GST

Register From: ___ / ___ / ___

Cash / Accruals

Monthly / Quarterly / Yearly

- | | | |
|---|---|--|
| 1. \$0 to \$74,999 <input type="checkbox"/> | 3. \$150,000 to \$1,999,999 <input type="checkbox"/> | 5. \$20 Million or over <input type="checkbox"/> |
| 2. \$75,000 to \$149,999 <input type="checkbox"/> | 4. \$2,000,000 to \$19,999,999 <input type="checkbox"/> | |

Will the business import goods or services? YES / NO

Register for Fuel Tax Credit

Register From: ___ / ___ / ___

Diesel Petrol Other

Will diesel or petrol be used in a Road Transport Vehicle with a Gross Vehicle Mass > 4.5 Tonne YES / NO

Register for PAYG

Register From: ___ / ___ / ___

No. of Emp. _____

Annual Tax With. _____

Register for Deductible Gift Recipient

Register for Tax Concession Charity/Income Exempt Fund

Register for FBT

Register for Luxury Car Tax

Register for Wine Equalisation Tax

Type of Organisation (please choose from the options below):

- | | | | |
|---|--|---|--------------------------|
| <input type="checkbox"/> Australian Private Company | <input type="checkbox"/> Discretionary Trust – Services Management | <input type="checkbox"/> Other Incorporated Entity | <input type="checkbox"/> |
| <input type="checkbox"/> Australian Public Company | <input type="checkbox"/> Discretionary Trust – Trading | <input type="checkbox"/> Other Partnership | <input type="checkbox"/> |
| <input type="checkbox"/> Cash Management Trust | <input type="checkbox"/> Family Partnership | <input type="checkbox"/> Other Unincorporated Entity | <input type="checkbox"/> |
| <input type="checkbox"/> Co-operative | <input type="checkbox"/> Fixed Trust | <input type="checkbox"/> Pooled Development Fund | <input type="checkbox"/> |
| <input type="checkbox"/> Corporate Unit Trust | <input type="checkbox"/> Fixed Unit Trust | <input type="checkbox"/> Public Trading Trust | <input type="checkbox"/> |
| <input type="checkbox"/> Deceased Estate | <input type="checkbox"/> Hybrid Trust | <input type="checkbox"/> Public Unit Trust – Listed | <input type="checkbox"/> |
| <input type="checkbox"/> Discretionary Trust – Investment | <input type="checkbox"/> Limited partnership | <input type="checkbox"/> Public Unit Trust – Unlisted | <input type="checkbox"/> |
| <input type="checkbox"/> Strata Title | | | |

Applicant's Name _____

Applicant's Trading Name _____

Main Business _____
 Address _____
 (*must be a street address, not PO Box*)

Associated Person/Organisation 1:

Name: _____
 Address: _____

 TFN/ACN: _____
 Position Held: _____
 DOB/Date of Registration: _____

Associated Person/Organisation 2:

Name: _____
 Address: _____

 TFN/ACN: _____
 Position Held: _____
 DOB/Date of Registration: _____

Reason for ABN application

- | | | | |
|----------------------------------|--------------------------|--|-------|
| New business | <input type="checkbox"/> | Is this their first time in Business? | Y / N |
| Investment purposes | <input type="checkbox"/> | | |
| Purchased existing business | <input type="checkbox"/> | Is this the applicant's first time in Business in Australia? | Y / N |
| | | Previous owner's ABN: _____ | |
| Contractor/Sub-contractor | <input type="checkbox"/> | Is this their first time self employed? | Y / N |
| To receive payments for services | <input type="checkbox"/> | Is this their first time providing services in Australia? | Y / N |
| Re-commenced business | <input type="checkbox"/> | What was the ABN previously used? _____ | |
| Change in business structure | <input type="checkbox"/> | What was the ABN previously used? _____ | |
| Other circumstances? | <input type="checkbox"/> | Describe: _____ | |

On which date do you expect to cease activity? ____ / ____ / ____

Does the applicant have more than one business location? Y / N

If yes, in which States or Territories? QLD TAS NSW WA NT VIC SA ACT

Does the applicant operate an agricultural property? Y / N

Main Industry (please choose from the options below):

- | | | | | | |
|-------------------------------------|--------------------------|--|--------------------------|---|--------------------------|
| Accommodation and Food Services | <input type="checkbox"/> | Financial and Insurance Services | <input type="checkbox"/> | Other Services | <input type="checkbox"/> |
| Administrative and Support Services | <input type="checkbox"/> | Forestry | <input type="checkbox"/> | Public Administration and Safety | <input type="checkbox"/> |
| Agriculture | <input type="checkbox"/> | Fishing | <input type="checkbox"/> | Professional, Scientific and Technical Services | <input type="checkbox"/> |
| Arts and Recreation Services | <input type="checkbox"/> | Health Care and Social Assistance | <input type="checkbox"/> | Rental, Hiring and Real Estate Services | <input type="checkbox"/> |
| Construction | <input type="checkbox"/> | Information Media and Telecommunications | <input type="checkbox"/> | Retail Trade | <input type="checkbox"/> |
| Education and Training | <input type="checkbox"/> | Manufacturing | <input type="checkbox"/> | Transport, Postal and Warehousing | <input type="checkbox"/> |
| Electricity, Gas, Water and Waste | <input type="checkbox"/> | Mining | <input type="checkbox"/> | Wholesale Trade | <input type="checkbox"/> |

Main Activity _____

Application completed by: _____ Date: _____

Notes:
