

List of questions for new ABN

1. Business entity: please circle one below and **fill out section 4** over the page.

a. sole trader

b. partnership (how many business partners?)

c. association (operating in a single state/territory?)

Yes – Inform our office so we can prepare additional forms. Continue onwards

No – DO NOT continue with this form. [Click to complete this other form](#)

d. company (**DO NOT continue** with this form. [Click to complete this other form](#))

2. **Business Name:**

3. **Business details:**

a. Business contact details

i. operating.....

ii. postal.....

iii. phone & fax

b. Business Activity e.g. restaurant:.....

c. Start date of business/ABN:.....

d. Annual turnover (estimate yearly income of the business):.....

e. GST required? (if annual turnover \$75k then yes. Please circle): **yes** complete e(i)-(iii) **no** skip to f

i. Date of GST registration.....

ii. Lodgements of BAS cycle (please circle): **monthly | quarterly | yearly**

iii. GST basis (please circle): **Cash | Accrual**

iv. Does the business import goods/services into Australia? **Yes/no**

v. Does the company need to register for Fuel Tax Credits? **Yes/no**

f. PAYG required (will you hire employees please circle?): **yes** complete f(i)-(iii) | **no** skip to g

i. Estimated total annual wages expense: \$.....

ii. Estimated total tax withheld from wages: \$.....

iii. Estimated number of employees:

Note, we will need to register Workers Compensation for your business

4. **Details of the Business owner(s)**

Fill out the field below.

If you circled **sole trader**, fill out **ONLY ONE column**;

If you circled **partnership**, fill out **AS MANY columns** needed to account for all business partners.

If there are more than 4 partners, please print this page again

If you are a **company** or an **association**, **please stop filling out this form.** [Click to complete this other form](#))

	Owner 1	<u>Partnership only:</u> owner 2	<u>Partnership only:</u> owner 3	<u>Partnership only:</u> owner 4
Legal Surname				
Full legal first & middle name
Home address
Home phone, fax, & mobile				
Email				
DOB				
TFN				
City and Country of Birth				
<u>Partnership only.</u> % of ownership e.g. 50:30:20 between 3 partners	Do not fill this section in if you are sole trader:			