

ABN REGISTRATION – ORDER FORM

NAME OF INDIVIDUAL / SOLE TRADER.....

ENTERPRISE OR BUSINESS ACTIVITY

Do you already have an ABN? Yes No
 If you have had an ABN before, please quote that ABN here:.....

Why are you applying for an ABN?
 New Business ***** Purchased Existing Business ***** To receive payments for services
 Investment Purposes Change in Business Structure Contractor / Sub Contractor
 Re-commenced Business Other circumstances

Please tick the industry in which you will be operating:
 Agriculture Education and training Electricity, gas, water and waste
 Fishing Arts and recreation services Transport, postal and warehousing
 Mining Healthcare and social assistance Accommodation and food services
 Retail trade Financial and insurance services Administrative and support services
 Construction Public administration and safety Other services
 Forestry Rental, hiring and real estate services Manufacturing
 Wholesale trade Information media and telecommunications
 Professional, scientific and technical services

Are you applying for an ABN to conduct any of the following business activities? [Select only one]
 Taxi Driver Sports Person Leasing Commercial Property
 Renting Residential Property Apprentice, Trade Assistant or Labourer Other

Have you undertaken activities in establishing your enterprise or started trading as an enterprise / business?
 Yes No

Are you conducting your activity predominantly as a hobby? Yes No
 Do you reasonably expect to make a profit from your business activity? Yes No
 Is this your first time self employed as a contractor / sub-contractor in Australia? Yes No
 Will you be operating in agricultural property? Yes No

Will you have more than one business location in Australia? Yes No
 If 'Yes', which state and territories will you be operating in?.....

Please describe the main business activity from which you derive the majority of your business income:

From what date do you require your ABN?.....
 [This date cannot be more than 6 months in the future. If the date provided is a date in the future, the ABN will not be issued until that date]

If you intend for this business activity to be less than 3 months, on what date do you expect to cease activity?

OTHER INFORMATION

Are you a resident for tax purposes? Yes No

What is your trading name?.....
 [What is the name you trade under, or that is known by suppliers or customers].

What is your main business location / address?.....

Where do you want your notices and correspondence sent?
 Main business location Other.....

What is your email address for service of notices and correspondence?

OPERATING AS A CONTRACTOR

Please only complete this section if you are applying for an ABN to operate as a contractor.

Will your work agreement allow you to pay another person to perform work on your behalf?	Yes	No
Will you be responsible for providing heavy machinery to undertake your business activity?	Yes	No
Will the payments you receive be based on a quoted price that you provide to persons making use of your services?	Yes	No
Will you be responsible for the cost of rectifying any defect in the work you perform?	Yes	No

TAX FILE NUMBER (TFN)

Do you have a Tax File Number?	Yes	No
Do you wish to apply for a Tax File Number?	Yes	No

OTHER REGISTRATIONS

Do you want to register or be endorsed for any of the following?

Fringe benefits tax Luxury car tax **Wine equalisation tax

GOODS AND SERVICES TAX (GST)

Do you wish to apply for GST?	Yes	No
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If 'Yes', please complete the following:

What is the date of registration for GST?

What is your estimated annual turnover?

\$0 - \$74,999	\$75,000 - \$149,999
\$150,000 - \$1,999,999	\$2,000,000 - \$19,999,999
\$20,000,000 and over	

How frequently do you want to lodge your BAS?	Monthly*	Quarterly	Annually
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*Must choose Monthly if estimated turnover is greater than \$2m

Which method will you use to account for GST?	Cash	Accrual
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Do you import goods or services?	Yes	No
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FUEL TAX CREDITS

Do you want to register for Fuel Tax Credits?	Yes	No
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If 'Yes', please complete the following:

What is the date of registration for Fuel Tax Credits?

Please indicate which fuel type is used in your business activities:

Diesel Petrol Other

Do you use fuel in a vehicle with a GVM greater than 4.5 tonnes travelling on a public road?

Yes No

PAY AS YOU GO (PAYG)

Do you want to register for PAYG? Yes No

If 'Yes', please complete the following:

If you would like to submit bank account details to the Tax Office for refund purposes, please fill in the information below:

*Bank account details can be provided at a later date.

BSB Code:..... Account Number:.....
 Account Name:..... Account Held By:.....

On what date did, or will, you commence PAYG Withholding?

What amount of tax is to be withheld from payees each year?

How many employees, including yourself, do you estimate your business or enterprise will pay?

Will your business pay royalties, dividends or interest to non-residents, or report investment income paid to Australian residents?
Yes No

How does your business intend to provide the PAYG withholding payment summary annual report to the Tax Office?
Paper form supplied by the Tax Office Electronically

How will your business provide payment summaries to its payees?
Using payment summaries supplied by the Tax Office Printing own summaries on plain paper

INDIVIDUALS DETAILS

TITLE:..... SURNAME :..... GIVEN NAMES :.....

FORMER OR MAIDEN NAME(S):

RESIDENTIAL ADDRESS:

DATE OF BIRTH:/...../..... Tax File Number (required):..... Sex: Male Female

PH:.....FAX:.....

Email: Signature:..... Date:/...../.....

PAYMENT METHOD - REQUIRED WITH ORDER

Direct Deposit / EFT

Amount \$

Bank/Branch: ANZ Grenfell St Adelaide BSB: 015-010 Account: 9002 61003 Date Deposited/Transferred/...../.....

MasterCard

Visa

Card Number: Expiry Date:

Name of Cardholder: Signature:

ADDITIONAL NOTES AND/OR INSTRUCTIONS:

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