



**ABN, GST, TFN & PAYG -
Company**

Firm Name _____ Date _____
 Contact Name _____ Phone _____
 Email _____ Tax Agent _____
 Number (if any) _____

Company Name _____
 ACN _____

You wish to apply for the following

ABN	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Company tax file number	<input type="checkbox"/> Yes	<input type="checkbox"/> No
GST Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PAYG Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. This section must be completed (for ABN & TFN)

Does the Company have a Trading Name (s) (ie Business Name)?
 If yes please list below

Does the Company have more than one business location in Australia? if so please advise where else in Australia

Describe the main activity from which the Company derives the majority of its business income

Does the Company operate an agricultural property? Yes No

2. Only complete this section if applying for GST number

You are required to register for GST

- if you are carrying on an enterprise in Australia and your GST turnover is \$75 000 or more (\$150 000 or more for non-profit organisations)
- if you supply taxi or limousine travel for fares
- if you are a representative of an incapacitated company (where the incapacitated Company is registered or required to be registered)
- if you are a resident agent acting as a non-resident (where the non-resident is registered or required to be registered)

What is the Company's annual GST Turnover (approximately) \$ _____

How often will you lodge the activity statement? Quarterly Monthly

Does the Company intend to account for GST on a Cash or Accrual Cash Accrual

Basis? Does the Company want to register for Fuel Tax Credits (FTC)? Yes No

Does the Company import goods or services into Australia? Yes No

Financial Account details (if available/optional) BSB _____ Account Number _____

Full Account Name _____

(Account Details when available can be phoned through to ATO for GST credits etc)

3. Only complete below if applying for a PAYG number

How many employees does the company estimate it will pay? _____

What amount does the Company expect to withhold from payments to its payees each year? _____

Are you required to register as an employer of working holiday makers? No Yes

3A. Tax file numbers (required to finalise ABN application)

For security reasons please supply the Tax File Numbers for all directors/shareholders for this new company to info@shelfcompany.com.au or to 0403 502 399.

4. This section must be completed

Authorisation is hereby given to Shelf Company Services Australia Pty Ltd ACN 608 393 451 to make application for the above completed sections on our behalf for this Company

Print Name _____

Position _____

Signature _____ Date _____

I attach credit card details for payment of the ABN Application.

Credit card details

We accept the following credit cards - Master, Visa & Amex

Name _____

Credit Card Number _____

Expiry Date _____

CVV _____

Signature _____

Should you wish to deposit payment directly into our bank account details are below.

(Please note funds deposited into our bank account will need to be cleared prior to documents being processed)

Bank - BOQ

BSB 124102

Account Number 22401440

PLEASE NOTE: IF YOU DO NOT HOLD AN ACCOUNT WITH SHELF COMPANY SERVICES AUSTRALIA PTY LTD ACN/ABN 52 608 393 451, PLEASE PROVIDE THE PAYMENT WITH YOUR ORDER. EMAIL ALL ORDER FORMS TO info@shelfcompany.com.au.