

# ABN & TFN Application Checklist

## Your Details

Full Name: \_\_\_\_\_  
Phone/Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

## ABN Application

Entity Name: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Business Industry: \_\_\_\_\_  
Main Business Activity: \_\_\_\_\_  
Main Business Address: \_\_\_\_\_  
Do you require a TFN to be registered?  Yes  No

## For Partnership applicants

**Partner 1** \_\_\_\_\_  
DOB: \_\_\_\_\_ (if individual)  
TFN: \_\_\_\_\_  
ACN/ ABN: \_\_\_\_\_ (if trust or company)  
Address: \_\_\_\_\_

**Partner 2** \_\_\_\_\_  
DOB: \_\_\_\_\_ (if individual)  
TFN: \_\_\_\_\_  
ACN/ ABN: \_\_\_\_\_ (if trust or company)  
Address: \_\_\_\_\_

## For Trust applicants

### Type of Trustees

Individual

### Trustee 1

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
TFN: \_\_\_\_\_

### Trustee 2

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
TFN: \_\_\_\_\_

Company

Company Name: \_\_\_\_\_  
ACN: \_\_\_\_\_  
Registered Address: \_\_\_\_\_

**For Corporate applicants**

Company Name: \_\_\_\_\_  
 ACN: \_\_\_\_\_  
 Registered Address: \_\_\_\_\_

**Director 1**

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 TFN: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Director 2**

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 TFN: \_\_\_\_\_  
 Address: \_\_\_\_\_

**GST Registration**

Do you require GST to be registered?  Yes  No  
 What is your date of GST registration? \_\_\_\_\_  
 What's your annual turnover?  
 Do you import goods and services into Australia?  Yes  No

**PAYG Withholding Registration**

Do you require PAYG Withholding to be registered?  Yes  No  
 What date will withholding commence? \_\_\_\_\_  
 How many employees do you estimate to employ? \_\_\_\_\_  
 How much do you expect to withhold from wages each year? \_\_\_\_\_

**Business Name**

Do you require a business name to be registered?  Yes  No  
 What is your proposed business name?  
 Option 1: \_\_\_\_\_  
 Option 2: \_\_\_\_\_  
 Option 3: \_\_\_\_\_

Please provide the city, state, and country of birth for all associates:

Place of Birth of Associate 1: \_\_\_\_\_  
 Place of Birth of Associate 2: \_\_\_\_\_