

PBS Checklist for GST, Payroll and other Compliance Registrations

Please circle the most appropriate response for the multiple choice questions and provide your written responses where indicated.

This Checklist is provided for the purpose of you having a single record of the GST, Payroll and other Compliance Registrations of your business. We suggest you take time to fully and accurately complete the Checklist to ensure it provides you with the best possible value. Enjoy!

1. Does your business have an ABN? Yes / No / Don't Know
If Yes, what is your ABN

2. Does your business have a Tax File Number? Yes / No / Don't Know
If Yes, what is your business TFN

3. What is the Entity Type of your business?

a. Sole Trader

i. Full name of Sole Trader
➤ Proprietor #1 TFN..... DOB...../...../.....

b. Partnership

i. Full name of Partner #1.....
➤ Partner #1 TFN..... DOB...../...../.....

ii. Full name of Partner #2.....
➤ Partner #2 TFN..... DOB...../...../.....

iii. Full name of Partner #3.....
➤ Partner #3 TFN..... DOB...../...../.....

c. Company

If Yes, what is your ACN

i. Full name of Director #1.....
➤ Director #1 TFN..... DOB...../...../.....

ii. Full name of Director #2.....
➤ Director #1 TFN..... DOB...../...../.....

iii. Full name of Director #3.....
➤ Director #1 TFN..... DOB...../...../.....

d. Trust

i. Bare Trust

ii. Family Trust

iii. Unit Trust

iv. Discretionary Trust

e. Don't know

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4. Does your business have a registered Business Name? Yes / No / Don't Know

If Yes,

a. What is the Registered Business Name?

.....

b. What is the Registration Number of the Business Name ?

.....

5. What is the Postal address for your business?

.....

6. What address(es) does your business operate from?

i.

ii.

7. Is your business registered for GST?

Yes / No / Don't Know

If Yes,

a. What GST Method is your business registered for?

i. Cash

ii. Accrual

iii. Don't know

b. Which frequency does your business report on?

i. Monthly

ii. Quarterly

iii. Annually

iv. Don't know

c. What is the period covered by your MOST RECENTLY LODGED BAS Return?

Year..... Month

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8. Does your business employ staff? Yes / No / Don't Know

If Yes,

a. What frequency are your employees paid?

- i. Weekly
- ii. Fortnightly
- iii. Twice Monthly
- iv. Monthly
- v. Combination of the above
 - Please advise.....
- vi. Don't know

b. What is the commencement day of your pay cycle?

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

c. Is your business registered for PAYG With/Holding? Yes / No / Don't Know

If Yes, do you report PAYG W/H

- Monthly
- Quarterly
- Annually
- Don't know

d. Is your business registered for Payroll Tax? Yes / No / Don't Know

If Yes, do you lodge

- Monthly
- Annually

e. Is your business registered for Workcover Insurance? Yes / No / Don't Know

If Yes,

i. Who is your Workcover Insurance provider?

.....

ii. What is your Workcover Employer Number?

.....

f. Is your business required to pay Super for Staff? Yes / No / Don't Know

If Yes,

i. What is the period covered by your MOST RECENTLY LODGED Superannuation Return?

Year..... Month

ii. Which Superannuation Clearing House do you use?

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g. Is your business required to pay Super for Staff? Yes / No / Don't Know

If Yes,

i. What period is covered by your MOST RECENTLY lodged Superannuation Return?

Year..... Month

ii. Which Superannuation Clearing House do you use?

.....

9. Does your business currently use a software package? Yes / No / Don't Know

If Yes,

a. What is the name of the Software you use

.....

b. Is your software

i. Desktop

ii. Cloud-based

c. Does YOUR business own its own software Yes / No / Don't Know

d. Is your business software owned by someone else Yes / No / Don't Know

If Yes, who is the owner of the software you use?

.....

10. How many hours/days per month do you and/or does your bookkeeper currently spend on your business record-keeping/payroll?

.....

11. Has your business engaged a Tax Accountant/Tax Agent? Yes / No / Don't Know

If Yes,

a. What is the Business Name of the Accounting firm?

.....

b. What is your Tax Accountant/Tax Agent's Name?

.....

c. What is the business address and contact details of your Tax Accountant/Tax Agent?

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12. Do you have any concerns with your financial records? Yes / No / Don't Know

If Yes, please advise your concerns

- i.
- ii.
- iii.

13. Have you considered outsourcing any record-keeping tasks? Yes / No / Don't Know

If Yes, which tasks do you feel you will obtain the most benefit from outsourcing?

- i.
- ii.
- iii.

14. What do you hope to achieve by outsourcing your record-keeping tasks?

- i.
- ii.
- iii.

15. Do you have any concerns about changing your record-keeping process?

Yes / No / Don't Know

If Yes, please advise your concerns

- i.
- ii.
- iii.
- iv.

Should you decide to outsource all or part of your record-keeping to Professional BAS Agent Services, we ask that you provide us with your completed Checklist, as it will enable us to determine how we can best assist you.

Alternatively, you may decide to provide the information on our Checklist to another BAS Agent of your choice.