

# Registration - New ABN Application

## Details

Mr/Mrs/Miss/Ms/Dr/Other \_\_\_\_\_

Given Names \_\_\_\_\_ Surname \_\_\_\_\_

Street Address \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth (Town and Country) \_\_\_\_\_

Tax File No \_\_\_\_\_

Contact Details: Email \_\_\_\_\_

Phone: Mobile \_\_\_\_\_ Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

## Business Details

Structure: Sole Trader Partnership Trust Company (Circle One of the options)

Company Name (if applicable) \_\_\_\_\_

Type of Business \_\_\_\_\_

## GST Registration

Do you want to be registered for GST? Yes No Unsure (Circle One of the options)

Est Annual Financials: Turnover \_\_\_\_\_

## PAYG Registration

Are you going to employ staff? Yes No Unsure (Circle One of the options)

If so what are the estimated annual wages \_\_\_\_\_

## Administration and Compliance Services

(As part of the free ABN Registration service you have agreed to use one of our annual accounting and tax packages)

We hereby agree to appoint XO Accounting as our Accountant and Tax Agent for a period of 12 months.

Sole Trader package [ ] \$110 per month over 12 months

Trust/Company Package [ ] \$198 per month over 12 months

\* See our website for the terms and conditions of our package

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Package Payment Details

*Your payment (by Credit Card or Direct Debit) is required before we can commence. Please complete one of the options.*

### Option 1

<b>CREDIT CARD</b>	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	
<b>Name on Card</b>			
<b>Card Number</b>		<b>Expiry Date</b>	
<b>Amount</b>	\$0.00 (inc. GST)	<b>Signature</b>	
<b>Option 2</b>			
<b>Direct Debit</b>	<b>Account BSB:</b>		
	<b>Account Number:</b>		
	<b>Account Name:</b>		

### Declaration for all new applicants

- I/we hereby declare that the above information is true and correct.
- I/we acknowledge that XO Accounting will register the Company with the Australian Taxation Office for the purpose of acquiring an Australian Business Number.
- I/we have read and agree with the terms and conditions of the XO Accounting website and its privacy statement.

(Name \_\_\_\_\_)

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please forward the completed form on to XO Accounting using the following options:**

**Email** Scan and email this form to [freeabn@xoaccounting.com.au](mailto:freeabn@xoaccounting.com.au)