

Order form: ABN application

Fees for ABN applic	cations										
Service		Fee									
ABN application \$220			-								
Handling an ABN application rejection \$220 (incl GST) If your initial ABN application is rejected, we will contact you to find out if you would like us to liaise with the ATO to handle the rejection (\$220											
(including GST). Please	-			-				-			
even if your application	is rejected.										
Order placed by											
Your name					Telephone		Facsir	nile			
Firm name				Email address							
Firm address											
Payment – The option	ns to pay in :	14 or 30 days are only	available for	approve	ed clients.						
	🗆 Cheo	ue Please n	nake cheques	payable	e to: Castle Corp	porate Pty Ltd.					
	□ Cred										
Pay now		Account			[se provide reference you will use for direct deposit:				
	⊔ Bank	' donocit	B: 083-419, A	ccount:	66332-9114						
Pay in 14 days w	/ith our Er	during Credit Card	l Authorisa	tion							
		son named above,			tle for this c	rder within 3	days of	the invoice	date		
			agree to p	ay Cas			o uays of		uate.		
General informatio	n										
Name of entity							ACN				
Principle Place of B	usiness										
address - Please supply str											
What is your main a	Jusiness										
activity? Please be very specific – <u>view link</u> for examples											
Does the entity operate an agricultural property?											
		□ Yes □ No									
	•										
Contact details – To											
		for the ATO. This will a ur details and the pers					your ABN h	as been finalis	ed, we		
		- actuits and the pers	sir you list be								
Additional contact for ATO queries		Castle Corporate at 03 9898 6666 or castle@castlecorp.com.au									
Ongoing contact pe	erson for										
ATO queries											
Tax agent registration number											
Mailing address for	ATO										
correspondence											
	T 0	L									
Email address for ATO correspondence											
Telephone numbers		Business				After hours					
		Mahila				Le.					
		Mobile				Fax					

Other registratio	ns										
Do you wish to	Yes (Fill in details below. Note: GST registration is compulsory for entities with a turnover mor \$75K or charities with a turnover more than \$150K)							ith a turnover more than			
register for GST?	? 🗆 No										
Estimated annual turnover					□ \$75 <i>,</i>	o \$74,999 000 - \$149,9 0,000 - \$1,99		□ \$2,000,000 – \$19,999,999 □ \$20,000,000 and over			
BAS lodgement period I Monthly Quarterly Annually* *Note: Annual BAS lodgements are only permitted for voluntary registrations or entities with a turnover of less than \$75K.							-				
	ST be accounted for?										
Do you wish to register for PAYO	☐ Yes (fill in the details below) G? ☐ No										
-	mploy staff/engage rs and pay wages?				🗆 No	□ Yes	approx. nu	approx. number of staff			
If 'Yes', approx. amount of tax you expect to withhold from employees each year?					\$						
Do you import go	Do you import goods and services?				🗆 No	□ Yes					
Do you intend to	apply fo	or a fuel t	ax credit?		🗆 No	□ Yes	If 'Yes', we will contact you for further information.				
Will you pay royalties, dividends or interest to non- residents OR report investment income paid to Australian residents?					🗆 No	□ Yes					
Associated indivi	iduals										
Individual 1											
Title	🗆 Mr	□ Mrs	5 🗆 Miss 🗆] Ms	🗆 Di	- □ Othe	r	ł	please specify		
Name	Given Name(s) Surname										
Address											
DOB	Tax file number										
Position held	□ Trustee □ Director □ Secretary □ Public officer □ Shareholder										
Individual 2											
Title	Mr Mrs Miss Ms Dr Other										
Name	Given Name(s) Surname										
Address											
DOB	Tax file number										
Position held	□ Trustee □ Director □ Secretary □ Public officer □ Shareholder										
Individual 3											
Title	🗆 Mr	🗆 Mrs	s □ Miss □] Ms	🗆 Di	- 🗆 Othe	r		please specify		
Name	Given Name	e(s)				Surn	ame				
Address											
DOB						Tax file	number		Required		
Position held	🗆 Tru	stee 🛛	Director	Secre	etary [□ Public off	ficer 🛛	Sharehold	er		

Associated organisations						
Organisation 1	-					
Full name of organisation If a trust, provide name of trustee						
ACN			Тах	file number	Required	
Address						
Relationship	□ Shareholder	□ Trustee				
Organisation 2						
Full name of organisation If a trust, provide name of trustee						
ACN			Тах	file number	Required	
Address						
Relationship	□ Shareholder	□ Trustee				
Organisation 3						
Full name of organisation If a trust, provide name of trustee						
ACN			Тах	file number	Required	
Address						
Relationship	□ Shareholder	□ Trustee				
Additional information – Use	this space to give us a	ny other inform	ation that ma	ay help us to con	nplete your order.	