

COMPANY NEW CLIENT DATA COLLECTION FORM

CLIENT DETAILS

<input type="checkbox"/> Individual/s:	_____		
<input type="checkbox"/> TFN/s:	_____		
<input type="checkbox"/> Business Name	_____	ABN:	_____
<input type="checkbox"/> Company	_____	_____	
<input type="checkbox"/> Trust	_____	_____	
<input type="checkbox"/> SMSF	_____	_____	
Date of Initial Discussions:	_____	<input type="checkbox"/> Appointment	<input type="checkbox"/> Telephone
Contact Number:	_____	Email:	_____
Main Business Activity	_____		

DATA FILES

Software Program:	_____			
Accessed By:	<input type="checkbox"/> Online	<input type="checkbox"/> Excel	<input type="checkbox"/> USB	<input type="checkbox"/> CD
Software Invite Received	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Program Version:	_____			
Password (if applicable)	_____			
Accounting System:	<input type="checkbox"/> Cash	<input type="checkbox"/> Accrual		
Notes made in Handisoft	<input type="checkbox"/> YES			

BUSINESS STRUCTURE

GST Registered:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> Cash	<input type="checkbox"/> Accrual
Business Activity Statement	<input type="checkbox"/> Client to Complete		<input type="checkbox"/> Walters to Complete			
Added to BAS List	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
PAYG Registered	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
Staff / Wages	<input type="checkbox"/> Employees	<input type="checkbox"/> Contractors				
Single Touch Payroll Reporting	<input type="checkbox"/> Client to Complete		<input type="checkbox"/> Walters to Complete			
Super Lodgements	<input type="checkbox"/> Client to Complete		<input type="checkbox"/> Walters to Complete			
Superannuation Clearing House:	_____					
Superannuation Guarantee Lodgement	<input type="checkbox"/> Client to Complete		<input type="checkbox"/> Walters to Complete			
Long Service working Number:	_____					
Long Service Employer Number:	_____					
Authorisation Form Signed	<input type="checkbox"/> YES	<input type="checkbox"/> NO				