

ABN Application Information Form

St George Tax Care Pty Ltd (SGTCPL)

CPA | Registered Tax Agent | Migration & Finance Specialist

1. Applicant Details

Full Legal Name: _____

Date of Birth: ____ / ____ / ____

Gender: ☐ Male ☐ Female ☐ Other

Tax File Number (TFN): _____

Contact Number: _____

Email: _____

2. Residential Address

Street Address: _____

Suburb: _____ State: ____ Postcode: ____

Postal Address (if different): _____

3. Business Details

Proposed Business/Trading Name: _____

Type of Entity:

☐ Sole Trader

☐ Partnership

☐ Company

☐ Trust

☐ Other: _____

Business Activity Description: _____

Main Industry: _____

Business Start Date: ____ / ____ / ____

Do you expect turnover > \$75,000 (GST registration required)? ☐ Yes ☐ No

4. Business Address

Principal Place of Business: _____

Suburb: _____ State: ____ Postcode: ____

5. GST & PAYG Withholding

Do you want to register for GST? ☐ Yes ☐ No

Do you need PAYG Withholding registration (employees/contractors)? ☐ Yes ☐ No

6. Bank Account Details

Bank Name: _____

Account Name: _____

BSB: _____ Account Number: _____

7. Declaration

I declare the information provided is true and correct.

I authorise St George Tax Care Pty Ltd (Registered Tax Agent No. [insert]) to apply for an ABN and associated registrations on my behalf.

Signature: _____ Date: ____ / ____ / ____

Important Notice:

This form is for information collection only. ABN applications are lodged with the Australian Business Register (ABR). Processing times and approval are subject to ABR verification.