



## **COMPANY CHECKLIST**

ABN/TFN:	 	
COMPANY NAME :		
CONTACT PERSON:		

REQUIRED INFORMATION	YES	NO	COMMENTS
Personal Information of Directors/Shareholder			
Previous Year's Tax Return			
Financial Reports			
Asset Information/ Capital Assets Bring any Receipts, Documents, or Reports related to your Assets and Fixed Assets			
Loan Information/ Hire Purchase			
Amortization Schedule			
Payroll Data			
End of year Closing Stock Information			
INCOME RECORDS	YES	NO	COMMENTS
Rental Income			COMMENTS
			COMMENTS
Rental Income			
Rental Income Business Income			COMMENTS
Rental Income Business Income Foreign Income			
Rental Income Business Income Foreign Income Capital Gains			
Rental Income Business Income Foreign Income Capital Gains	YES	NO	COMMENTS
Rental Income Business Income Foreign Income Capital Gains Dividends			

Cleaning		
Information Technology		
Road Freight		
Security		
Trust Distribution		

TPAR Require Contractor and Sub-Contractors ABN, Phone Number and Address.

