STERLING ACCOUNTANTS & BUSINESS CONSULTANTS

30 June 2009 Checklist

Please fill out the fact sheet to the best of your ability and return it to us with the rest of your information.

	Immediate Action List	✓
1	Odometer readings on Motor Vehicles	
2	Stock on Hand	
3	Creditors	
4	Debtors	

	Information we will require:	✓
1	Your <u>"Reconciled"</u> Cashbook / Computer Disk / Bank Statements.	
2	Interest received on all your bank accounts. Ask the bank to give you a printout interest for the financial year for all accounts. Please ensure that the passbooks are updated to 30 June 2009.	
3	Dividends received from companies you have shares in, including dividend re-investment plans. Please include all the dividend advice slips from 1 July 2008 onwards, or a Report from your Advisor?	
4	Copies of invoices for all items of equipment and vehicles purchased from 1 July 2008.	
5	Copies of new Lease, Hire Purchase and Loan agreements taken out since 1 July 2008.	
6	Copies of any loan statements that you have from 1 July 2008, including commercial bills.	
7	Bank Statements for all Bank Accounts and Loans showing balances as the 30th June 2009	
8	PAYG Annual Summary Statement (Summary of Group Certificates for the year)	
9	Copies of the rates notice for your business property paid from 1 July 2008 to 30 June 2009.	
10	If you have a rental property we will need copies of the statements from the agent from 1 July 2008 to 30 June 2009, loan statements, council and water rates notices, insurance paid repairs and any other expenses relating to the property.	
11	If you have sold any shares or rental properties during the year, please attach the purchase and sale documents.	
12	If you have private health insurance we will need the annual summary sheet from the insurance fund.	

DATABASE UPDATE:

To help us maintain our database please advise us of the following current details:

GENERAL INFORMATION

Your Name:			
Date of Birth:		*TFN:*	
Spouse Name:			
Date of Birth		*TFN:*	
Postal Address:			
Home Number:			
Mobile Number:			
E-Mail Address:			

DEPENDANTS

Dependants Name	*Date of Birth*	*TFN (if applicable)*

MOTOR VEHICLES: (PRIVATE- NOT WORK VEHICLES OR UTES PAID BY BUSINESS)

MAKE & MODEL	REGO No	SPEEDO READING AT 30/06/09	AMOUNT OF INSURANCE PAID 01/07/08 TO 30/06/09	AMOUNT OF VEHICLE REGISTRATION PAID 01/07/08 TO 30/06/09
			$	$
			$	$
			$	$
			$	$
			$	$

STOCK ON HAND:

NOTE: The AUSTRALIAN TAXATION OFFICE WANTS YOU TO INCLUDE ANY GOODS PURCHASED BETWEEN 01/07/08 - 30/06/06 WHICH HAVE NOT BEEN SOLD OR USED BY 30/06/09. YOU MUST BE ABLE TO SUPPORT THIS FIGURE WITH STOCKTAKE SHEETS.

(Total Stock on Hand includes partly used goods e.g. a partly used packed of Welding Rods, Half used Drum of Oil etc...)

TOTAL STOCK ON HAND AT 30/06/09: ____________________

Do you have Stock Sheets to support this figure? **YES / NO**. (Circle)

BUSINESS INFORMATION: *(PLEASE CUSTOMISE THIS AS PER CLIENT)*

What is the area of the shop? ……….Sqm

What are the trading hours? …………../week

Is the Business Closed during the year apart from public holiday & Sundays, if yes for how many Days? …………..

What is the seating Capacity? …………..

How many of the owners work in the business? Full time ………. Part time…………

How many hours does the owner work every year? Full time ………….. Part time…………

How many employees did you employ? Full time workers …… Part time workers…….

HIRE PURCHASE / CHATTEL MORTGAGE:

Did you take out any Loans/ Leases/ Hire Purchases/ Chattel Mortgage between 1st July 2008 and 30th June 2009?

Yes / N0

If yes please provide details. Example: Invoices & Finance papers.

FINANCER	PLANT DESCRIPTION	ASSET COST $	ASSET TRADED IN	TRADE IN RECEIVED $	PRINCIPAL BORROWED	NUMBER OF PAYMENTS	REPAYMENT AMOUNT $

DEBTORS: (ATTACH YOUR OWN LIST IF MORE ROOM IS REQUIRED)

Monies *owing* to you as at 30 June 2009

ACCOUNT/INVOICE SENT TO	AMOUNT (Inc GST)	GST Amount	DETAILS

TOTAL DEBTORS: $______________

CREDITORS: (ATTACH YOUR OWN LIST IF MORE ROOM IS REQUIRED)

Accounts *you owe* as at 30 June 2009 which were not paid until after 30 June 2009. You may include estimates if you have not got the invoice as long as the work was done (or goods received) before 30/06/09.

ACCOUNT/INVOICE RECEIVED FROM	AMOUNT (Inc GST)	GST Amount	DETAILS

TOTAL CREDITORS: $________________

INVESTMENT INCOME:

INTEREST RECEIVED:

Please list all Accounts and Interest for the period 1st July 2008 to 30th June 2009. The Bank can supply you with a printout of all interest received on your accounts.

ACCOUNT NAME	BANK	A/C NUMBER	$

MANAGED FUNDS:

Please supply all end of year tax summary statements (usually received in October)

ACCOUNT NAME	FUND NAME	A/C NUMBER	✓

DIVIDENDS RECEIVED: (Please include your own list if more space is required)
Please supply all Dividend advice slips, <u>INCLUDING DIVIDEND REINVESTMENT PLANS</u>.

COMPANY	OWNER	NO. HELD	UNFRANKED	FRANKED	IMPUTATION

RENTAL PROPERTY:

Are you renting out a property? **Yes/ No**
Do you have a property Agent? **Yes/No**
(If you are renting through an agent, please provide us with the agent statements)

	1	2	3
Address:			
Owner:			
RENTAL INCOME			
Rental Income	$	$	$
RENTAL EXPENSES			
Bank Charges	$	$	$
Inspection fees	$	$	$
Postage	$	$	$
Rates	$	$	$
Water	$	$	$
Electricity	$	$	$
Repairs and Maintenance	$	$	$
Land Tax	$	$	$
Management Fees	$	$	$
Interest	$	$	$
Strata Fees	$	$	$
Telephone	$	$	$
Gas	$	$	$
	$	$	$
	$	$	$
	$	$	$

AMOUNTS PAID ON:

PERSONAL SUPERANNUATION – DID YOU PAY THIS THROUGH THE BUSINESS….YES / NO

NAME OF POLICY HOLDER	FUND NAME	POLICY No	TOTAL PAID (FROM 01/07/08 TO 30/06/09)
			$
			$
			$
			$
			$
			$

INCOME PROTECTION INSURANCE FOR ACCIDENT/SICKNESS – DID YOU PAY THIS THROUGH THE BUSINESS….YES / NO

NAME OF POLICY HOLDER	INSURANCE COMPANY	POLICY No	TOTAL PAID (FROM 01/07/08 TO 30/06/09)
			$
			$
			$
			$

PRIVATE HEALTH INSURANCE

Did you have private health insurance in the 2008/08 year? **Yes / No** (circle)
If so, complete the table below and include the statement sheet from your insurance company.

NAME OF FUND	MEMBERSHIP NUMBER	TYPE OF COVER - HOSP/ANC or BOTH	FAMILY MEMBERS INSURED
			1
			2
			3
			4
			5
			6

DONATIONS: (Attach your own list if more room is required)

Do you have any receipts for Donations given to tax deductible organisations between 1/07/08 and 30/06/09, which would not be shown in your business bank accounts?

DATE	NAME OF ORGANISATION	AMOUNT OF DONATION

QUESTIONS:

- Will you require our services to complete your Quarterly or Annual Business Activity Statements? **Yes/No**
- Would you like a free finance quote for any hire purchase or chattel mortgages during the year? **Yes/No/Maybe**
- Are you interested in developing a Share/Managed Fund portfolio? **Yes/No**
- Would you like an obligation free meeting with our financial planning partner? **Yes/No**

PLEASE REFER BACK TO THE FRONT COVER TO ENSURE YOU HAVE COMPLETED AND ATTACHED ALL REQUIRED INFORMATION.

PLEASE RETURN TO : STERLING ACCOUNTANTS & BUSINESS CONSULTANTS
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