

You're prepared because we're prepared



BUSINESS CLIENT INFORMATION CHECKLIST

Client name: _____ Date: _____

Please take the time to complete this checklist as it is a very important part of the accounting process. It helps you:

- Identify and provide the information we need to prepare your financial statements
- Minimise the queries from us during the preparation of your financial statements
- Ensure we can complete your financial statements within a timely manner

UPDATE OF ADDRESS DETAILS

To ensure that our records are up to date, please provide us with any update of the following details:

| | |
|--------------------------|--|
| Business address: | |
| Postal address: | |
| Email: | |
| Home phone: | |
| Mobile phone: | |
| Fax: | |

INFORMATION CHECKLIST

| 1. First time financial statements and tax returns | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| If we are preparing your accounts for the first time, please provide copies of your last financial statements, tax returns and ATO notices of assessment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2A. Accounting records | Yes | No | N/A |
| Please provide a copy of your computer data file. | | | |
| Name of program: (i.e. MYOB or Quickbooks) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Version number: _____ | | | |
| Password (if applicable): _____ | | | |
| 2B. Manual accounts | Yes | No | N/A |
| Please provide the following information: | | | |
| <ul style="list-style-type: none"> ▪ Reconciled cashbook (if applicable) ▪ Cheque payment details ▪ Deposit details | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 3A. Balance sheet items | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Please provide the following information: <ul style="list-style-type: none"> Bank statements showing 30 June balance Bank reconciliations (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3B. Accounts receivable | Yes | No | N/A |
| Please supply a list of trade debtors as at 30 June | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Please provide a list of bad debts written off or to be written off | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3C. Investments/Property | Yes | No | N/A |
| Please provide details of investments/property purchased during the year, including: <ul style="list-style-type: none"> Date of purchase Cost of acquisition Copy of contract for purchase Copy of settlement statement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Please provide details of investments/property sold or disposed during the year, including: <ul style="list-style-type: none"> Date of disposal Consideration received Copy of contract for sale Copy of settlement statement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3D. Stock/Inventory/Work in progress | Yes | No | N/A |
| Please advise the value of stock on hand/work in progress as at 30 June. Please circle the valuation method you have used: Cost Market Replacement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alternatively, please confirm the value of stock at 30 June does not exceed the value at 30 June the previous year by more than \$5,000.00. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3E. Prepayments | Yes | No | N/A |
| Have you paid any expense in advance that span two financial years? For example: <ul style="list-style-type: none"> Subscriptions Insurance Internet/phone access Legal fees | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3F. Plant and equipment | Yes | No | N/A |
| Please provide details of assets PURCHASED during the year, including copy of invoice and estimated useful life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Please provide details of assets SOLD or DISPOSED during the year, including date and consideration received. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Please review your depreciation schedule from the previous year. Have any of these assets been scrapped, taken for personal use or traded in? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3G. Accounts payable | Yes | No | N/A |
| Please supply a list of trade creditors as at 30 June. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Please provide a copy of credit card statements up to and including 30 June. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3H. Annual leave/long service leave | Yes | No | N/A |
| If you accrue for annual leave/long service leave please provide a schedule of leave entitlements as at 30 June, including: <ul style="list-style-type: none"> Employee name Number of days owed Commencement date Current salary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

