



JobKeeper Records Checklist

Provide evidence that your business has suffered a 30% or more fall in turnover compared to the same period from the previous year for either: <ul style="list-style-type: none"> • Month of March 2020 • Month of April 2020 • Projected quarter from 1 April 2020 to 30 June 2020 	Attached/ Sign <input type="checkbox"/>
Provide completed <i>JobKeeper employee nomination notices</i> for all eligible employees. For any employees ineligible, please forward a summary outlining their names and explanation of why they are ineligible.	<input type="checkbox"/>
Confirm you have paid at a minimum \$1,500 (GROSS) to each eligible employee for each fortnight (starting with the fortnight 30 March – 12 April). If this has not occurred , please confirm that you will catch up any additional payments required before the 8 th of May 2020, to ensure the minimum \$1,500 (GROSS) payment per fortnight to each eligible employee condition is satisfied.	SIGNATURE:

NON-EMPLOYEES ONLY – Eligible Business Participant

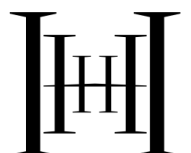
Please note that an eligible business participant cannot be an employee (other than a casual employee) of another entity. If the participant is a long term casual employee, they can choose to claim from their employer or under their business, but not both.

Only applicable to sole traders.

Confirm you are an eligible business participant. Confirm the following (other test may apply, we will contact you if applicable); <ul style="list-style-type: none"> • You are actively engaged in the business carried on by your entity (at 1 March 2020 and for the fortnight you are claiming). • You have not given a notice either to any other entity to be nominated as an eligible employee, or to the Commissioner or any other entity to be nominated as an eligible business participant for another business. NAME SIGNATURE
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Only applicable to a partner in a partnership, an adult beneficiary of the trust, a shareholder or director in the company who is not an employee.

Provide a completed <i>JobKeeper eligible business participant nomination notice</i> .	<input type="checkbox"/>
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JobKeeper Records Checklist

Please provide Bank Account Details for payments to be made into:

BSB: _____

Account Number: _____

Account Name: _____

I authorise HHH Partners Pty Ltd to enroll and apply for the JobKeeper payment to the Commissioner of Taxation.

I declare that the information provided for the JobKeeper payment enrolment and application is true and correct.

I am authorised to make this declaration.

Signed and acknowledged by:

Entity Name:
(if applicable)

ABN:

Client signature:

Client name:

Dated:

HHH Partners

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