



JobKeeper Monthly Reporting

August 2020

1. Fortnights covered by this declaration

Fortnights	Number of Employees being claimed this Fortnight
20/7/20 to 2/8/20	
3/8/20 to 16/8/20	
17/8/20 to 30/8/20	

2. Employees not being claimed this fortnight

Please list employees who were on your payroll 1st of July 2020 but you are not claiming for this fortnight. EG. Employee on workcover, paid parental leave, terminated.

Fortnight	Employee Name
20/7/20 to 2/8/20	
3/8/20 to 16/8/20	
17/8/20 to 30/8/20	

3. Eligible Business Participant

a) Are you claiming an eligible JobKeeper participant

Yes please complete details below

No please continue to item 4

b) Name of Participant: _____

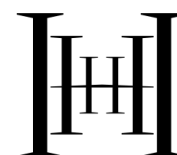
HHH Partners

Emerald
39 Anakie Street
PO Box 577
Emerald
QLD 4720
Tel (07) 4983 9999
Fax (07) 4983 9909

Rockhampton
18 East Street
PO Box 740
Rockhampton
QLD 4700
Tel (07) 4930 0600
Fax (07) 4983 9909

hhhpartners.com.au
accountants@hhhpartners.com.au

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4. Turnover

Actual Turnover – GST Exclusive for August		Projected Turnover – GST Exclusive for September	
\$	Please indicate how you have calculated the turnover <input type="checkbox"/> calculated on cash basis <input type="checkbox"/> calculated on accrual basis	\$	Please indicate how you have calculated the turnover <input type="checkbox"/> calculated on cash basis <input type="checkbox"/> calculated on accrual basis

If HHH Partners do not have access to your accounting software, please provide either a copy of your up to date reconciled file or other supporting documentation for the actual turnover above.

5. Bank Account Details

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

BSB: _____

Account Number: _____

Account Name: _____

AUTHORISATION and DECLARATION

- I authorise HHH Partners Pty Ltd to complete my reporting obligations with the ATO to claim JobKeeper payments for the periods listed at Item 1 above.
- I declare that the information provided for the JobKeeper reporting is true and correct and confirm that each employee has been paid at a minimum \$1,500 (GROSS) for each eligible fortnight listed at Item 1 above.
- I acknowledge that if the ATO determine that I am not eligible for all or part of the JobKeeper payments received, I may be liable to repay to the ATO any ineligible amounts.
- I am authorised to make this declaration.

Signed and acknowledged by:

Entity Name:
(if applicable)

ABN:

Client name:

Client signature:

Dated:

