

# Audit Cover Enquiry Form

Accounting  
Firm's Name

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Contact  
Name

\_\_\_\_\_ Mobile: \_\_\_\_\_

Contact

Work ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Postal  
Address

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Street  
Address

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Number of Partners \_\_\_\_\_

Number of Employees \_\_\_\_\_

Number of Office Locations \_\_\_\_\_

**Approximate Number of:**

Stand Alone Individual Clients \_\_\_\_\_

Client Groups \_\_\_\_\_

**Approximate % distribution of Clients:**

Individual (not attached to a Business or Client Group): \_\_\_\_\_ %

Self employed \_\_\_\_\_ %

Business under \$1M income \_\_\_\_\_ %

Business \$1M to \$5M income \_\_\_\_\_ %

Business over \$5M income \_\_\_\_\_ %

Past client audit history re ATO, APRA, Offices of State Revenue, Workers Compensation etc.

Approx. # of audits: 2008: \_\_\_\_\_ 2007: \_\_\_\_\_ 2006: \_\_\_\_\_

Approx. cost of the audits 2008: \$ \_\_\_\_\_ 2007: \$ \_\_\_\_\_ 2006: \$ \_\_\_\_\_

Over 3 years, % of: ATO: \_\_\_\_\_ % OSR: \_\_\_\_\_ % W/Comp: \_\_\_\_\_ % Payroll: \_\_\_\_\_ % Other: \_\_\_\_\_ %

Other comments on frequency & \$ cost of audits we should know about?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print name: \_\_\_\_\_ Position: \_\_\_\_\_

Please fax to 02 92614229

or scan and email to [audit@auditcover.com.au](mailto:audit@auditcover.com.au)