



CONFIDENTIAL
NEIS QUARTERLY BUSINESS RETURN
 (A separate return is required for each NEIS participant each Quarter)

Client Name: Month:.....
 Address: SID:.....
 Postcode:.....
 Contact Phone(s): Site:.....

This form must be returned to your mentor. It can be forwarded by your preferred means: personally delivered, mailed, emailed, faxed etc. It is part of the mandatory mentoring and support program associated with the NEIS program. It assists us to work closely with you to maximise the opportunity to establish a viable business.

Remember, this form and the NEIS Income Statement must be submitted within 10days of the end of each Quarter (i.e. 10th April, 10th July, 10 Oct and the 10th Jan) or your NEIS allowance will be suspended.

Actual Cash Flow Summary	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Receipts												
Payments												
Balance												
Forecast Balance from Business Plan 6A												

Please answer the following questions by circling YES or NO.

BUSINESS OPERATIONS

- | | | |
|---|-----|----|
| 1. Are you still commercially operating your NEIS business on a full time basis? | YES | NO |
| 2. Are you operating in accordance with your NEIS Participant Agreement? | YES | NO |
| 3. Are you operating your business in accordance with your business plan? | YES | NO |
| 4. Have you changed your address or any of your contact details? | YES | NO |
| 5. Do you have any circumstances that may impact on your full time business operation? | YES | NO |
| 6. Do you have any intention of relocating or ceasing your business? | YES | NO |
| 7. Do you have any changed circumstances that may affect your business viability? | YES | NO |
| 8. Do you have any part-time employment outside your NEIS business? | YES | NO |
| 9. If YES, does this part-time employment adversely affect your business operation? | YES | NO |
| 10. Is your average weekly external income less than \$440? (e.g. from a job or investment) | YES | NO |
| 11. Do you believe your business will be viable by the end of the NEIS period? | YES | NO |
| 12. Do you think your business is performing satisfactorily? | YES | NO |
| 13. Do you have any changed circumstances we need to know about? | YES | NO |
| 14. Are you keeping adequate business financial records for Quarterly returns? | YES | NO |

COMMENTS (Please make a brief comment on the performance of your business and any key issues)

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Client Signature:

Date:

Please send to: About Training Australia
 P.O. Box 9 Banora Point NSW 2486
 Phone (07) 55230012 Fax (07) 55232489
 Email: neis@abouttraining.edu.au