



Tax file number declaration

This declaration is NOT an application for a tax file number. Please print neatly in BLOCK LETTERS and use a BLACK or DARK BLUE pen. Print X in the appropriate boxes. Please ensure you read all the instructions prior to completing this declaration.

ORIGINAL
Tax Office
copy
www.ato.gov.au



30920704

Section A - to be completed by PAYEE

1 Your tax file number (TFN) refer to the cover for privacy information

OR I have made a separate application/enquiry to the Tax Office for a new or existing TFN.

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

OR I am claiming an exemption because I am a pensioner.

2 Do you authorise your payer to give your TFN to the trustee of your superannuation fund or to your retirement savings account (RSA) provider? Yes No

3 Your name Title: Mr Mrs Miss Ms

Surname or family name

First given name

Other given names

4 If you have changed your name since you last dealt with the Tax Office, show your previous family name

5 Your date of birth DAY MONTH YEAR / /

6 Your home address in Australia

Suburb or town

State Postcode

7 On what basis are you paid? (Select one only.)
Full-time employment Part-time employment Casual employment Labour hire Superannuation pension or annuity

8 Are you an Australian resident for tax purposes? Yes No If 'No', you must answer 'No' at question 9.

9 Do you wish to claim the tax-free threshold from this payer? NOTE: If you have more than one source of income and currently claim the tax-free threshold from another payer, DO NOT claim it now. Yes No If 'No', you must answer 'No' at questions 10 and 11 unless you are a non-resident claiming a Senior Australians tax offset or a zone tax offset respectively.

10 Are you claiming a reduced rate of withholding for either family tax benefit or Senior Australians tax offset? Yes If 'Yes', obtain a Withholding declaration from your payer, but only if you are claiming the tax-free threshold from this payer. If you have more than one payer, see page 3 of the instructions. No

11 Are you claiming a zone, dependent spouse or special tax offset? Yes If 'Yes', obtain a Withholding declaration from your payer. No

12 (a) Do you have an accumulated HECS debt? Yes If 'Yes', your payer will withhold additional amounts to cover your anticipated compulsory repayment(s). No

(b) Do you have an accumulated Financial Supplement debt? Yes If 'Yes', your payer will withhold additional amounts to cover your anticipated compulsory repayment(s). No

13 Do you wish to claim entitlements to a deductible amount or tax offset for an annuity or superannuation pension? Yes If 'Yes', your superannuation provider or the organisation that sold you your annuity will work out your entitlement. No

Declaration: I declare that the information I have given is true and correct.

Signature

There are penalties for deliberately making a false or misleading statement.

Date DAY MONTH YEAR / /

Section B - to be completed by PAYER

1 Australian business number (ABN) Branch number (if applicable)
[or withholder payer number (WPN) if not in business (see notes on page 4)]

If you have not been issued with an ABN or WPN, or you cannot find the ABN or WPN issued to you, phone 13 28 66.

Date ABN or WPN requested DAY MONTH YEAR / /

2 Registered business or trading name (or individual name if not in business)

3 Business address

4 If you have ceased making payments to this payee, print X in this box.

5 Contact person

Daytime telephone during business hours Area Code

Signature of payer

Please note: Penalties apply where you fail to forward the original to the Tax Office.

DAY MONTH YEAR / /

Return completed original Tax Office copy to:

For WA, SA, NT, Vic and Tas
Australian Taxation Office
PO Box 795
Albury NSW 2640

For NSW, Qld and ACT
Australian Taxation Office
PO Box 9004
Penrith NSW 2740



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