

Tax file number declarationThis declaration is NOT an application for a tax file number.

- Use a black or blue pen and print clearly in BLOCK LETTERS.
- Print X in the appropriate boxes.
 Read all the instructions including

_	ato.gov.au — nead all the instructions	including the privacy statement before you complete this declaration.
S	ection A: To be completed by the PAYEE	5 What is your primary e-mail address?
1	What is your tax	
	file number (TFN)? OR I have made a separate application/enquiry to	
	For more information, see	
	question 1 on page 2 OR I am claiming an exemption because I am under	Day Month Year
	of the instructions. 18 years of age and do not earn enough to pay tax.	6 What is your date of birth?
	OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.	7 On what basis are you paid? (select only one)
_		Full-time Part-time Labour Superannuation Casual
2	What is your name? Title: Mr Mrs Miss Ms Surname or family name	employment employment hire from or annuity employment income stream
		8 Are you: (select only one)
	First given name	An Australian resident for tax purposes A foreign resident for tax purposes OR A working holiday maker
		9 Do you want to claim the tax-free threshold from this payer?
	Other given names	Only claim the tax-free threshold from one payer at a time, unless your total income from
		all sources for the financial year will be less than the tax-free threshold. Answer no here if you are a foreign resident or working holiday
3	What is your home address in Australia?	Yes No Maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.
		10 Do you have a Higher Education Loan Program (HELP), VET Student
		Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?
	Suburb/town/locality	Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.
	State/territory Postcode	DECLARATION by payee: I declare that the information I have given is true and correct. Signature
_		Date Day Month Year
4	If you have changed your name since you last dealt with the ATO, provide your previous family name.	You MUST SIGN here
		There are penalties for deliberately making a false or misleading statement.
① Once section A is completed and signed, give it to your payer to complete section B.		
Section B: To be completed by the PAYER (if you are not lodging online)		
		5 What is your primary e-mail address?
•	What is your Australian business number (ABN) or Branch number withholding payer number? (if applicable)	
2	If you don't have an ABN or withholding	
	payer number, have you applied for one?	6 Who is your contact person?
3	What is your legal name or registered business name (or your individual name if not in business)?	
		Business phone number
		Dusiness priorie number
		7 If you no longer make payments to this payee, print X in this box.
		DECLARATION by payer: <i>I declare that the information I have given is true and correct.</i> Signature of payer
4	What is your business address?	Date
		Day Month Year
		There are penalties for deliberately making a false or misleading statement.
	Suburb/town/locality	
	State/territory Postcode	Return the completed original ATO copy to: Australian Taxation Office Return the completed original ATO copy to: See next page for:
		P0 Box 9004 ■ payer obligations
		PENRITH NSW 2740 ■ lodging online.

