



Trust Details

Annual TFN withholding report

This form must be completed for a closely held trust to report amounts withheld.

▶ If you need more information:
■ visit www.ato.gov.au/trustsandtfnwithholding
■ phone 13 28 66.

AWR **BGF**

Section A: Closely held trust information

Report Type **JAZ**

1 Income year ending Day Month Year

2 Trust tax file number (TFN) **AAD**

Reporting Period From Date **JGH**

▶ See Privacy on page 7.

To date **JGI**

3 Name of trust

AAU
AAU

4 Postal address

ABH
ABH

Suburb/town/locality State/territory **AMF** Postcode **APE**

Country if not Australia (Australia only) (Australia only)

5 Full name of the trustee

If the trustee is an individual print details here

Title: Mr **ABE** Miss Ms Other

Family name **ABF**

First given name **ABG** Other given name/s **BBB**

Daytime contact phone number **BOC** **BOD**

If the trustee is a company print details here

Name **ACU**

Daytime contact phone number **BOC** **BOD**

6 TOTAL of all gross payments or distributions subject to withholding (add up all label A amounts at item 11 on pages 2-6) \$ **JHS** -X

7 TOTAL of all amounts withheld for the income year (add up all label B amounts at item 12 on pages 2-6) \$ **JGQ** -X

