



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

^AME

State/territory

^AMF

(Australia only)

Postcode

^APE

(Australia only)

Country if not Australia

^AMG

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**

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

\$ **^JGQ**

