


Tax file number declaration

 This declaration is **NOT** an application for a tax file number.

To be signed by the PAYEE and returned to the PAYER

- Read all the instructions provided by the payer before you complete this declaration.

Payer

ABN (or WPN)

1 What is your tax file number (TFN)?

2 What is your name?

Title Surname or family name
First given name Other given names

3 If you have changed your name since you last dealt with the ATO, show your previous name details.

Surname or family name
First given name
Other given names

4 What is your date of birth?

Day / Month / Year

What is your home address in Australia?

Address line 1
Address line 2
Suburb or town State Postcode Country

6 On what basis are you paid?

7 Are you an Australian resident for tax purposes?

If **No** you must answer **No** at question 8

8 Do you want to claim the tax-free threshold from this payer?

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.
If **No** answer **No** at questions 9 and 10 unless you are a foreign-resident claiming a senior and pensioners Australian, zone or overseas forces tax offset.

9 Do you want to claim the senior and pensioners tax offset by reducing the amount withheld from payments made to you?

If **Yes** complete a *Withholding declaration* (NAT 3093) but only if you are claiming the tax-free threshold from this payer. If you have more than payer, refer to the instructions.

10 Do you want to claim a zone, overseas forces, dependent (invalid or carer) tax offset by reducing the amount withheld from payments made to you?

If **Yes** complete a *Withholding declaration* (NAT 3093).

11 (a) Do you have an accumulated Higher Education Loan Program (HELP) and/or Trade Support Loan (TSL) debt?

If **Yes** your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment

(b) Do you have an accumulated Financial Supplement (SFSS) debt?

If **Yes** your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.

DECLARATION by payee: I declare that the information I have given is true and correct.

Day / Month / Year

Signature:

Date signed: / /

IN-CONFIDENCE (when completed)

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