Magnetic media information Withholding where ABN not quoted annual reports

Australian Government Australian Taxation Office

This form must be enclosed with all media lodged. Also complete and enclose the Magnetic media – multiple files (PN) form if multiple files are to be extracted.
Period of report from Month Year to Month Year
Section A: Supplier details
The supplier is the entity supplying the withholding where ABN not quoted annual report on magnetic media to the Tax Office. For example a payer, a tax agent or a computer service provider.
Supplier name
Supplier Australian business number (ABN) or withholding payer number (WPN)
Suburb/town State/territory Postcode
Contact name Email address
Phone number Facsimile number
Section B: Payer details
The payer is the entity that has made the withholding payments contained in this report.
Payer name
Payer ABN or WPN
If the media contains withholding where ABN not quoted annual reports for more than one payer, please complete the additional payer details on the following page.
Media type (tick relevant box 🖌) Cartridge (18-track) DAT TAR Floppy disk CD-ROM
Cartridge (36-track) DAT Windows NT ZIP disk DVD
Section C: Identifier
Please write an identifier on the outside of the magnetic media and show this here. The identifier should be made up of six characters.
Section D: Validation
Has this report been tested on the Tax Office's electronic commerce interface (ECI) validator? Yes No
 Send this completed form and the magnetic media to the appropriate address below. Mainframe cartridges and DATs (courier) Magnetic Information Processing Services Floppy disks, ZIP disks, CD-ROMs and DVDs (post) Magnetic Information Processing Services
Australian Taxation OfficeAustralian Taxation Office567 Smollett StreetPO Box 923ALBURY NSW 2640ALBURY NSW 2640
OFFICE USE ONLY Signature

OFFICE USE ONLY

Process number

Date r	eceived	
Day	Month	Year
]//[



Australian Government Australian Taxation Office

Magnetic media information Withholding where ABN not quoted annual reports – additional payer details **PN**

This form must be completed where the media contains withholding where ABN not quoted annual report details for more than one payer. Where this form is completed it must be supplied with the *Magnetic media information* (PN) form.

Section A: Supplier details

Supplier name

Supplier Australian business number (ABN) or withholding payer number (WPN)

Section B: Payer details

Please provide the name and ABN or WPN for all payers included in the media.

Payer name	Payer ABN or WPN
Payer name	Payer ABN or WPN
Payer name	Payer ABN or WPN
Payer name	Payer ABN or WPN
Payer name	Payer ABN or WPN
-	
Payer name	Payer ABN or WPN
-	
ayer name	Payer ABN or WPN
Payer name	Payer ABN or WPN
Payer name	Payer ABN or WPN
Payer name	Payer ABN or WPN
ayer name	Payer ABN or WPN
Payer name	Payer ABN or WPN

Section C: Identifier

This must be the same identifier that appears on the *Magnetic media information* (PN) form and the outside of the magnetic media. The identifier should be made up of six characters.

Identifier

For more information phone **13 28 66**.



Australian Government Australian Taxation Office

Magnetic media – multiple files Withholding where ABN not quoted annual reports

This form must be completed where more than one file is to be extracted from the media.

Circle or highlight below the name of each file contained on the media lodged. Multiple file names must be in the format NOABN.Nnn.

File name	Process number (Tax Office use only)	File name	Process number (Tax Office use only)	File name	Process number (Tax Office use only)
NOABN.N01		NOABN.N34		NOABN.N67	
IOABN.N02		NOABN.N35		NOABN.N68	
IOABN.N03		NOABN.N36		NOABN.N69	
IOABN.N04		NOABN.N37		NOABN.N70	
IOABN.N05		NOABN.N38		NOABN.N71	
OABN.N06		NOABN.N39		NOABN.N72	
OABN.N07		NOABN.N40		NOABN.N73	
OABN.N08		NOABN.N41		NOABN.N74	
OABN.N09		NOABN.N42		NOABN.N75	
OABN.N10		NOABN.N43		NOABN.N76	
OABN.N11		NOABN.N44		NOABN.N77	
OABN.N12		NOABN.N45		NOABN.N78	
IOABN.N13		NOABN.N46		NOABN.N79	
IOABN.N14		NOABN.N47		NOABN.N80	
OABN.N15		NOABN.N48		NOABN.N81	
OABN.N16		NOABN.N49		NOABN.N82	
OABN.N17		NOABN.N50		NOABN.N83	
OABN.N18		NOABN.N51		NOABN.N84	
OABN.N19		NOABN.N52		NOABN.N85	
OABN.N20		NOABN.N53		NOABN.N86	
OABN.N21		NOABN.N54		NOABN.N87	
OABN.N22		NOABN.N55		NOABN.N88	
OABN.N23		NOABN.N56		NOABN.N89	
OABN.N24		NOABN.N57		NOABN.N90	
OABN.N25		NOABN.N58		NOABN.N91	
OABN.N26		NOABN.N59		NOABN.N92	
OABN.N27		NOABN.N60		NOABN.N93	
OABN.N28		NOABN.N61		NOABN.N94	
		NOABN.N63		NOABN.N96	
		NOABN.N64		NOABN.N97	
OABN.N33					

This form may be photocopied for use.

For more information phone **13 28 66**.