


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
/ /

5 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?

If you have more than one source of income and currently claim the tax-free threshold from another payer, **do not** claim it now.

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

9 Do you want to claim the senior Australians 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 spouse or special 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) debt?

If **Yes** your payer will withhold additional amounts to cover any compulsory repayments.

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

If **Yes** your payer will withhold additional amounts to cover any compulsory repayments.

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