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)** [   ]

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1   What is your tax file number (TFN)? [   ]

2   What is your name?

Title: Mr ☐   Mrs ☐   Miss ☐   Ms ☐   Other [   ]

Surname or family name
[   ]

First given name
[   ]

Other given names
[   ]

3   What is your home address in Australia?

[   ]
[   ]

Suburb/town
[   ]

State/territory
[   ]

Postcode
[   ]

4   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
[   ]

5   What is your date of birth?   Day [   ] / Month [   ] / Year [   ]

6   On what basis are you paid?

Full time employment ☐   Part time employment ☐   Labour hire ☐   Superannuation or annuity income stream ☐   Casual employment ☐

7   I am

An Australian resident for tax purposes ☐   A foreign resident for tax purposes ☐   A working holiday maker ☐

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

No ☐   Yes ☐

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. Answer no here if you are a foreign resident or working holiday maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

9   (a)   Do you have a Higher Education Loan Program (HELP), Student Start-up Loan (SSL) and/or Trade Support Loan (TSL) debt?

No ☐   Yes ☐ ▶ 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 a Financial Supplement (SFSS) debt?

No ☐   Yes ☐ ▶ 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.*

Signature
[   ]

Date   Day [   ] / Month [   ] / Year [   ]

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

NAT 74911-08.2017

In confidence (when completed)