



# Tax file number declaration

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

- Use a black or blue pen and print clearly in BLOCK LETTERS.
- Print X in the appropriate boxes.
- Read all the instructions including the privacy statement before you complete this declaration.

ato.gov.au

## Section A: To be completed by the PAYEE

**1 What is your tax file number (TFN)?**

For more information, see question 1 on page 2 of the instructions.

OR I have made a separate application/enquiry to the ATO for a new or existing TFN.

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

**2 What is your name?** Title: Mr  Mrs  Miss  Ms

Surname or family name

First given name

Other given names

**3 What is your home address in Australia?**

Suburb/town/locality

State/territory

Postcode

**4 If you have changed your name since you last dealt with the ATO, provide your previous family name.**

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

**6 On what basis are you paid?** (select only one)

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

**7 Are you:** (select only one)

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

**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.

Yes  No  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) or Trade Support Loan (TSL) debt?**

Yes  Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment. No

**(b) Do you have a Financial Supplement debt?**

Yes  Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment. No

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

Signature

You MUST SIGN here

Date

Day   / Month   / Year

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

Once section A is completed and signed, give it to your payer to complete section B.

## Section B: To be completed by the PAYER (if you are not lodging online)

**1 What is your Australian business number (ABN) or withholding payer number?**

Branch number (if applicable)

**2 If you don't have an ABN or withholding payer number, have you applied for one?** Yes  No

**3 What is your legal name or registered business name (or your individual name if not in business)?**

**4 What is your business address?**

Suburb/town/locality

State/territory

Postcode

**5 What is your primary e-mail address?**

**6 Who is your contact person?**

Business phone number

**7 If you no longer make payments to this payee, print X in this box.**

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

Signature of payer

Date

Day   / Month   / Year

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

Return the completed original ATO copy to:

Australian Taxation Office  
PO Box 9004  
PENRITH NSW 2740

**IMPORTANT**

See next page for:  
■ payer obligations  
■ lodging online.



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Sensitive (when completed)