



Tax file number declaration

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

- Please print neatly in BLOCK LETTERS and use a BLACK pen.
- Print X in the appropriate boxes.
- Make sure you read all the instructions before you complete this declaration.



30920707

www.ato.gov.au

Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

See Privacy of information on page 6.

OR I have made a separate application/enquiry to the Tax Office 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 a pensioner.

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

Surname or family name

First given name

Other given names

3 If you have changed your name since you last dealt with the Tax Office, show your previous family name

4 What is your date of birth? Day / Month / Year

5 What is your home address in Australia?

Suburb or town

State Postcode

6 On what basis are you paid? (Select only one.)
Full-time employment Part-time employment Labour hire Superannuation income stream Casual employment

7 Are you an Australian resident for tax purposes? Yes 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.

If you have more than one source of income and currently claim the tax-free threshold from another payer, do not claim it now.
Yes 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 family tax benefit or the senior Australians tax offset by reducing the amount withheld from payments made to you?
Yes Complete a Withholding declaration, but only if you are claiming the tax-free threshold from this payer. If you have more than one payer, see page 3. No

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?
Yes Complete a Withholding declaration. No

11 (a) Do you have an accumulated Higher Education Loan Programme (HELP) debt?
Yes Your payer will withhold additional amounts to cover any compulsory repayments. No

(b) Do you have an accumulated Financial Supplement debt?
Yes Your payer will withhold additional amounts to cover any compulsory repayments. No

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

Signature Date Day / Month / Year

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

Once this form is completed and signed, send the original to the Tax Office and keep your copy in a secure place.

Section B: To be completed by the PAYER

1 What is your Australian business number (ABN) (or your withholding payer number if you are not in business)? Branch number (if applicable)

6 8 9 6 4 7 1 2 3 4 0

2 If you don't have an ABN or withholding payer number, have you applied for one?
Yes No See 'More information for payers' on page 6.

3 What is your registered business name or trading name (or your individual name if not in business)

A O N M A S T E R T R U S T

4 What is your business address?

G P O B O X 9 8 1 9

Suburb or town S Y D N E Y

State N S W Postcode 2 0 0 1

5 Who is your contact person?

C O N T A C T C E N T R E

Business phone number 1 3 0 0 8 8 0 5 8 8

6 If you no longer make payments to this payee, print X in this box

Return completed original Tax Office copy to:
For WA, SA, NT, VIC or TAS Australian Taxation Office PO Box 795 ALBURY NSW 2640
For NSW, QLD or ACT Australian Taxation Office PO Box 9004 PENRITH NSW 2740

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

Signature of payer Date Day / Month / Year

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TAXPAYER-IN-CONFIDENCE (when completed)