ORIGINAL – Tax Office copy

Australian Government
Australian Taxation Office

www.ato.gov.au

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

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 Australians, 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)?

82 004 832 237

Branch number (if applicable) 001

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)

AVENUE SUPERANNUATION

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.

4 What is your business address?

PO BOX N498

Suburb or town

GROSVENOR PLACE

State NSW Postcode 1220

5 Who is your contact person?

CLIENT SERVICES

Business phone number 1800025063

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

TAXPAYER-IN-CONFIDENCE (when completed)