



Australian Government
Australian Taxation Office

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 or DARK BLUE pen. Print **X** in the appropriate boxes. Please ensure you read all the instructions prior to completing this declaration.

ORIGINAL
ATO copy

www.ato.gov.au



30920703

Section A — to be completed by PAYEE (refer to the cover for privacy information)

1 Your tax file number (TFN)

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 Do you authorise your payer to give your TFN to the trustee of your superannuation fund?
Yes ☒ No ☐

3 Your name Title: Mr ☒ Mrs ☐ Miss ☐ Ms ☐
Surname or family name
First given name
Other given names

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

5 Your date of birth DAY MONTH YEAR
 / /

6 Your home address in Australia

Suburb or town
S* Postcode

7 On what basis are you paid? (Select one only.)
Full-time employment ☐ Part-time employment ☐ Casual employment ☐ Labour hire ☐ Superannuation pension or annuity ☒

8 Are you an Australian resident for tax purposes?
Yes ☒ No ☐ If 'No', you must answer 'No' at question 9.

9 Do you wish to claim the tax-free threshold from this payer?
NOTE: 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 ☐ If 'No', you must answer 'No' at questions 10 and 11 unless you are a non-resident claiming a Senior Australians tax offset or a zone tax offset respectively.

10 Are you claiming a reduced rate of withholding for either family tax benefit or Senior Australians tax offset?
Yes ☐ If 'Yes', obtain a Withholding declaration from your payer, but only if you are claiming the tax free threshold from this payer. If you have more than one payer, phone 1300 360 221 for advice. No ☒

11 Are you claiming a zone, dependent spouse or special tax offset?
Yes ☐ If 'Yes', obtain a Withholding declaration from your payer. No ☒

12 (a) Do you have an accumulated HECS debt?
Yes ☐ If 'Yes', your payer will withhold extra tax to cover your anticipated compulsory repayment(s). No ☒
(b) Do you have an accumulated Financial Supplement debt?
Yes ☐ If 'Yes', your payer will withhold extra tax to cover your anticipated compulsory repayment(s). No ☒

13 Do you wish to claim entitlements to a deductible amount or tax offset for an annuity or superannuation pension?
Yes ☒ If 'Yes', your superannuation provider or the organisation that sold you your annuity will work out your entitlement. No ☐

Declaration: I declare that the information I have given is true and correct.

Signature

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

Date DAY MONTH YEAR
 / /

Section B — to be completed by PAYER

1 Australian business number (ABN)
[or withholder payer number (WPN) if not in business (see notes on page 4)]
Branch number
(if applicable)

If you have not been issued with an ABN or WPN, or you cannot find the ABN or WPN issued to you, phone 13 24 78.
Date ABN or WPN requested

2 Registered business or trading name (or individual name if not in business)

3 Business address

4 If you have ceased making payments to this payee, please tick this box. ☐

5 Contact person

Daytime telephone during business hours Area Code
Signature of payer

Please note: Penalties apply where you fail to forward the original to the Tax Office.
DAY MONTH YEAR
 / /

Return completed original ATO copy to:

For WA, SA, NT, Vic and Tas
Australian Taxation Office
PO Box 795
Albury NSW 2640

For NSW, Qld and ACT
Australian Taxation Office
PO Box 9004
Penrith NSW 2740