

Tax file number declarationThis 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.

Continue A. To be completed by the DAVEE	ncluding the privacy statement before you complete this declaration.
Section A: To be completed by the PAYEE	Day Month Year
I What is your tax file number (TFN)?	5 What is your date of birth?
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.	6 On what basis are you paid? (select only one) Full-time Part-time employment Labour or annuity income stream Casual employment
OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.	7 Are you: (select only one) An Australian resident
2 What is your name? Title: Mr Mrs Miss Miss Ms	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
First given name	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
Other given names	Yes No No 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? Your payer will withhold additional amounts to cover any compulsory
3 What is your home address in Australia?	r repayment that may be raised on your notice of assessment.
	(b) Do you have a Financial Supplement debt? Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.
Suburb/town/locality	DECLARATION by payee: I declare that the information I have given is true and correct. Signature Date
State/territory Postcode	You MUST SIGN here Day Month Year
If you have changed your name since you last dealt with the ATO,	There are penalties for deliberately making a false or misleading statement.
provide your previous family name.	
Once section A is completed and signed, give it to your payer to complete to your payer your your payer your your your your payer your your your your your your y	ete section B.
Costion D. To be completed by the DAVED #	
Section B. In he completed by the PAYER lityou are no	nt lodging online)
Section B: To be completed by the PAYER (if you are no What is your Australian business number (ABN) or withholding payer number? Branch number (if applicable)	ot lodging online) 5 What is your primary e-mail address?
What is your Australian business number (ABN) or withholding payer number? Branch number (if applicable)	
What is your Australian business number (ABN) or Branch number	5 What is your primary e-mail address?
What is your Australian business number (ABN) or withholding payer number? If you don't have an ABN or withholding payer number, have you applied for one? Branch number (if applicable) Branch number (if applicable) Branch number (if applicable) Yes No	
What is your Australian business number (ABN) or withholding payer number? If you don't have an ABN or withholding	5 What is your primary e-mail address?
What is your Australian business number (ABN) or withholding payer number? If you don't have an ABN or withholding payer number, have you applied for one? What is your legal name or registered business name	5 What is your primary e-mail address?
What is your Australian business number (ABN) or withholding payer number? If you don't have an ABN or withholding payer number, have you applied for one? What is your legal name or registered business name	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.
What is your Australian business number (ABN) or withholding payer number? If you don't have an ABN or withholding payer number, have you applied for one? What is your legal name or registered business name (or your individual name if not in business)?	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
What is your Australian business number (ABN) or withholding payer number? If you don't have an ABN or withholding payer number, have you applied for one? What is your legal name or registered business name	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.
What is your Australian business number (ABN) or withholding payer number? If you don't have an ABN or withholding payer number, have you applied for one? What is your legal name or registered business name (or your individual name if not in business)? What is your business address?	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
What is your Australian business number (ABN) or withholding payer number? If you don't have an ABN or withholding payer number, have you applied for one? What is your legal name or registered business name (or your individual name if not in business)?	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

