Australian Government	Tax file number de		
Australian Taxation Office	 This declaration is NOT an appli Use a black or blue pen and pri Print X in the appropriate boxes Read all the instructions includir 	rint clearly in BLOCK LETTERS.	
Section A: To be completed by the 1 What is your tax file number (TFN)?		On what basis are you paid? (Select only one.) Full-time Part-time Labour Superannuation or annuity Casual employment hire	
 For more the ATO information, see question 1 on page 2 of the instructions. OR I am claiming an exem 18 years of age and do not OR I am claiming an exem 	ption because I am under (V ot earn enough to pay tax. (B D xemption because I am in (C)	Are you an Australian resident for tax purposes? Yes No Visit ato.gov.au/residency to check) Yes No Obyou want to claim the tax-free threshold from this payer?	
What is your name? Title: Mr Mrs Surname or family name		iax-free threshold. Answer no here and at question 10 if you are a foreign resident, except if you are a foreign resident in receipt of an Australian Government pension or allowance.	
First given name		Do you want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you? Yes Complete a Withholding declaration (NAT 3093), but only if you are claiming the tax-free threshold from this payer. If you have more than one payer, see page 3 of the instructions. No	
3 If you have changed your name since you last dea provide your previous family name.		Do you want to claim a zone, overseas forces or invalid and invalid carer tax offset by reducing the amount withheld from payments made to you? Yes Complete a Withholding declaration (NAT 3093).	
	Month Year	(a) Do you have a Higher Education Loan Program (HELP), Student Start-u Loan (SSL) or Trade Support Loan (TSL) debt?	
4 What is your date of birth? //		Yes repayment that may be raised on your notice of assessment. No (b) Do you have a Financial Supplement debt?	
Suburb/town/locality State/territory Postcode		Yes Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment. No CLARATION by payee: I declare that the information I have given is true and correct. ature Date You MUST SIGN here Date 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)			
What is your Australian business number (ABN) or withholding payer number? If you don't have an ABN or withholding payer num have you applied for one?	r Branch number (if applicable)	What is your business address?	
Yes No		State/territory Postcode	
3 What is your legal name or registered business na (or your individual name if not in business)?	5 W	Who is your contact person? Business phone number	
DECLARATION by payer: I declare that the information I have given is true and correct.			
Signature of payer Date Day Day	Month Year	Return the completed original ATO copy to: IMPORTANT Australian Taxation Office See next page for: P0 Box 9004 payer obligations PENRITH NSW 2740 Iodging online.	
There are penalties for deliberately making a false or mist	leading statement.		