


# Tax file number declaration

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

Please complete this form in a blue or black pen, using **BLOCK** letters and cross (X) to mark answer boxes. To be signed by the PAYEE and returned to the PAYER.

- Read all the [instructions](#) provided by the payer before you complete this declaration.

Payer:

ABN (or WPN):

1 What is your tax file number (TFN)?

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.

OR I am claiming an exemption because I am  
in receipt of a pension, benefit or allowance.

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 ATO, show your previous name details.

Surname or family name

First given name

Other given names

Day Month Year

4 What is your date of birth?

5 What is your home address in Australia?

Address line 1

Address line 2

Suburb or town

State

Postcode

6 On what basis are you paid?  
(Select only one)

Full-time  
employment

Part-time  
employment

Labour  
hire

Superannuation  
or annuity  
income stream

Casual  
employment

7 Are you an Australian resident for tax purposes?

(Visit [ato.gov.au/residency](http://ato.gov.au/residency) to check)

Yes

No

If **No** you must answer **No** at question 8

8 Do you want to claim the tax-free threshold from this payer?

Yes

No

Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.

If **No** answer **No** at questions 9 and 10 unless you are a foreign resident claiming a seniors and pensioners, zone or overseas forces tax offset.

9 Do you want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you?

Yes

No

If **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 payer, refer to the instructions.

10 Do you want to claim a zone, overseas forces or dependent (invalid and carer) tax offset by reducing the amount withheld from payments made to you?

Yes

No

If **Yes** complete a *Withholding declaration* (NAT 3093).

11 (a) Do you have an accumulated Higher Education Loan Program (HELP) and/or Trade Support Loan (TSL) debt?

Yes

No

If **Yes** your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.

(b) Do you have an accumulated Financial Supplement (SFSS) debt?

Yes

No

If **Yes** your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.

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

Day Month Year

Signature:

Date signed:

**IN-CONFIDENCE (when completed)**

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