Section A: To be completed by the PAYEE

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.

What is your name?
- Title: Mr, Mrs, Miss, Ms
- Surname or family name
- First given name
- Other given names

If you have changed your name since you last dealt with the ATO, show your previous family name

What is your date of birth?
- Day
- Month
- Year

What is your home address in Australia?
- Suburb or town
- State/territory
- Postcode

Once Section A is completed and signed, give it to your payer.

Section B: To be completed by the PAYER (if you are not lodging online)

What is your Australian business number (ABN) or your withholding payer number?

If you don’t have an ABN or withholding payer number, have you applied for one?
- Yes
- No

What is your registered business name or trading name (or your individual name if not in business)?

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

4 What is your business address?
- Suburb or town
- State/territory
- Postcode

5 Who is your contact person?
- Business phone number

6 If you no longer make payments to this payee, print X in this box

IMPORTANT
See reverse side of PAYER’s copy for:
- payer obligations
- lodging online.

Return the completed original ATO 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)