

Tax file number declaration This declaration is NOT an application for a tax file number. Use a black or blue pen and print clearly in BLOCK LETTERS.

ato.gov.au III Print X in the appropriate	boxes, including the privacy statement before you complete this declaration.
Section A: To be completed by the PAYEE	
file number (TFN)? 535 806 888	5 What is your primary e-mail address?
OR I have made a separate application/enquiry to information, see OR I have made a separate application/enquiry to the ATO for a new or existing TFN.	mail. Com
of the instructions. OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.	Day Month Voor
OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.	6 What is your date of birth?
2 What is your name? Title: Mr Mrs Miss Ms Ms	Full-time Part-time Labour Superannuation or annuity income stream
KOLLAMBALATH First given name	8 Are you: (select only one) An Australian resident for tax purposes for tax purposes OR holiday maker
Other given names	9 Do you want to claim the tax-free threshold from this payer?
O R A M O D D D D D D D D D D D D D D D D D D	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.
3 What is your home address in Australia?	Yes No No Answer no here if you are a foreign resident or working holiday maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.
SOVEREEGN STREET UN	10 Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or
Suburb/town/locality	Trade Support Loan (TSL) debt? Yes Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.
State/territory Postcode	DECLARATION by payee: I declare that the information I have given is true and correct. Signature
0 L D 4 8 8	Date
4 If you have changed your name since you last dealt with the ATO, provide your previous family name.	You MUST SIGN here Day Month Your Your MUST SIGN here
	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 r	
1 What is your Australian business number (ABN) or withholding payer number? (ff applicable)	5 What is your primary e-mail address?
2. Many day's horse on ARN or withholding	
2 If you don't have an ABN or withholding payer number, have you applied for one? Yes No	6 Who is your contact person?
3 What is your legal name or registered business name (or your individual name if not in business)?	
	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.
4 What is your business address?	Signature of payer Date
	Day Mhorith Your
Suburb/town/locality	There are penalties for deliberately making a false or misleading statement.
	Return the completed original ATO copy to: IMPORTANT
State/territory Postcode	Australian Taxation Office See next page for:
	PENRITH NSW 2740