ないの	Australian Government Australian Taxation Office		n application for a tax file number.	
Γ	ato.gov.au	Print X in the appropriate	and print clearly in BLOCK LETTERS. boxes. ncluding the privacy statement before you complete this declaration.	
	ection A: <b>To be completed by the</b> What is your tax		5 What is your date of birth?	
	<ul> <li>For more the ATO</li> <li>information, see question 1 on page 2 of the instructions.</li> <li>OR I am claiming an exem 18 years of age and do not one of the instructions.</li> </ul>	rate application/enquiry to for a new or existing TFN.	<ul> <li>6 On what basis are you paid? (select only one)</li> <li>Full-time Part-time Labour Or annuity employment</li> <li>Full-time Part-time Labour Or annuity employment</li> <li>Are you: (select only one)</li> <li>An Australian resident for tax purposes</li> <li>OR A working holiday maker</li> </ul>	
2	What is your name?       Title:       Mr       Mrs         Surname or family name		<ul> <li>8 Do you want to claim the tax-free threshold from this payer?</li> <li>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.</li> <li>Yes No</li> <li>No</li> <li>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.</li> <li>9 (a) Do you have a Higher Education Loan Program (HELP), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?</li> </ul>	
3	What is your home address in Australia?		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 a Financial Supplement debt?	
4	Suburb/town/locality State/territory Postcode If you have changed your name since you last dea	alt with the ATO,	Yes       Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.       No         DECLARATION by payee: I declare that the information I have given is true and correct. Signature       Date         Vou MUST SIGN here       Date         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 section B.				
	ection B: To be completed by the What is your Australian business number (ABN) o withholding payer number?		5 What is your primary e-mail address?	
2	If you don't have an ABN or withholding payer number, have you applied for one?	Yes No	A   R   I   E   .   C   O   M     6   Who is your contact person?	
3	What is your legal name or registered business na (or your individual name if not in business)?	ame		
	MACQUARIE		Business phone number         1         8         0         0         2         5         0         6         3	
	SUPERANNUATIO		7 If you no longer make payments to this payee, print X in this box.	
			<b>DECLARATION by payer:</b> I declare that the information I have given is true and correct. Signature of payer	
4	What is your business address?         G       P       O       B       O       X       4       0       4       5		Date Day Month Year	
			There are penalties for deliberately making a false or misleading statement.	
	Suburb/town/locality          S       Y       D       N       E       Y <th></th> <th><ul> <li>Return the completed original ATO copy to: Australian Taxation Office PO Box 9004 PENRITH NSW 2740</li> <li>IMPORTANT See next page for: payer obligations lodging online.</li> </ul></th>		<ul> <li>Return the completed original ATO copy to: Australian Taxation Office PO Box 9004 PENRITH NSW 2740</li> <li>IMPORTANT See next page for: payer obligations lodging online.</li> </ul>	
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