

Please refer to the **ato.gov.au** for instructions on how to complete this form.

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.
- Print **X** in the appropriate boxes.
- Read all the instructions including the privacy statement before you complete this declaration.

S	ection A: To be completed by the PAYEE	5 What is your primary e-mail address?
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.	
	question 1 on page 2 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.	6 What is your date of birth?
	OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.	7 On what basis are you paid? (select only one)
2	What is your name? Title: Mr Mrs Miss Ms	Full-time Part-time Labour Superannuation Casual employment employment hire income stream
	Surname or family name First given name	8 Are you: (select only one) An Australian resident for tax purposes OR A working holiday maker
	Other given names	9 Do you want to claim the tax-free threshold from this payer? 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. Answer no here if you are a foreign resident or working holiday
3	What is your home address in Australia?	Yes No No Maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.
		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 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 Year You MUST SIGN here
		There are penalties for deliberately making a false or misleading statement.
① 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)		
1	What is your Australian business number (ABN) or withholding payer number? Branch number (if applicable)	5 What is your primary e-mail address?
	44 072 486 938	
2	If you don't have an ABN or withholding payer number, have you applied for one?	
3	What is your legal name or registered business name (or your individual name if not in business)?	6 Who is your contact person?
	CHALLENGER LIFE	Business phone number 0 2 9 9 9 4 7 0 0 0
	COMPANY LIMITED	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 Month Year
	5 MARTIN PLACE Suburb/town/locality	There are penalties for deliberately making a false or misleading statement.
	State/territory Postcode NSW 2000 2000	Return the completed original ATO copy to: Australian Taxation Office PO Box 9004 PENRITH NSW 2740
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