



TFN report

This form must be completed for a closely held trust to report beneficiary tax file number (TFNs) received within the quarter.

If you are filling in this form by hand:

- print clearly in BLOCK LETTERS using a black or blue pen
- Place in all applicable boxes.

WHEN COMPLETING THIS FORM

If you are filling in this form on screen:

- complete and print your form in one session (data entered cannot be saved when you close the file).



If you need more information:

- visit www.ato.gov.au/trustsandtfnwithholding
- phone 13 28 66.

Section A: Closely held trust information

1 For the quarter Day / Month / Year to Day / Month / Year

2 Trust tax file number (TFN)

See Privacy on page 7.

3 Name of trust

4 Postal address

Suburb/town/locality

State/territory

Postcode

Country if not Australia

(Australia only)

(Australia only)

5 Full name of the trustee

If the trustee is an individual print details here

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given name/s

Daytime contact phone number

If the trustee is a company print details here

Name

Daytime contact phone number

Section B: Beneficiary information

i If you have more than five beneficiaries, copy this section and include the additional details with this report.

BENEFICIARY DETAILS 1

6 TFN

> See Privacy on page 7.

7 Entity type **Company** **Fund** **Individual** **Partnership** **SMSF** **Trust**

Beneficiary postal address

Suburb/town/locality State/territory Postcode

Country if not Australia

(Australia only)

(Australia only)

If a beneficiary is an individual print details here

Title: **Mr** **Mrs** **Miss** **Ms** **Other**

Family name

First given name

Other given name/s

Day

Month

Year

Date of birth

Home/residential address

Suburb/town/locality State/territory Postcode

If a beneficiary is a non-individual (company, fund, partnership, SMSF, trust) print details here

Name

Australian business number (ABN)

Business address

Suburb/town/locality State/territory Postcode

Section C: Declaration

Who is the authorised person signing this declaration? (Complete all of the fields below.)

Name of signatory

.....
.....

Position held (for example, director, tax agent or trustee)

.....

Business hours phone number

.....

Registered tax agent's number (if applicable)

.....

Before you sign this form

Check that you have provided accurate and complete information.

Penalties

Penalties may be imposed for giving false or misleading information.

Privacy

We are authorised by the *Income Tax Assessment Act 1936* and *Taxation Administration Act 1953* to collect the information requested on this form. Where authorised by law to do so, we may give this information to other government agencies including, law enforcement and assistance agencies.

Storing and disposing of TFN

Under the TFN guidelines in the *Privacy Act 1988*, you must use secure methods when storing and disposing of TFN information.

You may store electronic files of scanned forms as an alternative to storing paper forms. Scanned forms must be clear and not altered in any way.

I declare that:

- *I am authorised to complete this report*
- *the information given on this form is true and correct.*

Signature

.....
You MUST SIGN here

Date

Day

Month

Year

..... / /

Lodging your report

Keep a copy of your completed report for your records and return the original and any attachments to:

Australian Taxation Office
PO Box 686
ALBURY NSW 2640

