Australian Government Australian Taxation Office

Annual TFN withholding report

This form must be completed for a closely held trust to report amounts withheld.

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 are filling in this form by hand:

print clearly in BLOCK LETTERS using a black or blue pen

■ place **X** in all applicable boxes.

For more information:visit ato.gov.au/trustsandtfnwithholding

phone us on 13 28 66.

ncome year ending /			
Income year ending / / / / / Irust tax file number (TFN) ////////////////////////////////////	ection A: Closely held trust information		
Trust tax file number (TFN) For information about TFNs, see Tax file numbers' on page 8. Name of trust Postal address Country if not Australia Country if not Australia Full name of the trustee The trustee is an individual provide the following Title::::::::::::::::::::::::::::::::::::			
For information about TFNs, see 'Tax file numbers' on page 8. Name of trust Postal address Suburb/down/locality Stats/territory Postcode Suburb/down/locality Stats/territory Postcode Country if not Australia Full name of the trustee f the trustee is an individual provide the following Title: Mrs Miss Miss Other given name Other given name Other given name Other given name Postcode the following Title: Arrow of the following Title: Mrs Miss Miss Other given name Other given name Other given name TotAL of all gross payments or distributions subject to withholding add up all label B amounts from pages 2–7) TotAL of all amounts withheld for the income year add up all label B amounts from pages 2–7)			
Name of trust Postal address	Trust tax file number (TFN)		
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Country if not Australia Country if not Au			
Country if not Australia Country if not Au			
Southy in the Rustee Full name of the trustee f the trustee is an individual provide the following Fitte: Mr Mrs Mrs Other	Suburb/town/locality		Postcode
f the trustee is an individual provide the following Title: Mr Mrs Miss Miss Miss Other Time Other given name Time Other given name Time of the trustee is a company provide the following Name Daytime contact phone number TOTAL of all gross payments or distributions subject to withholding add up all label A amounts from pages 2–7) TOTAL of all amounts withheld for the income year add up all label B amounts from pages 2–7)	Country if not Australia	(Australia only)	(Australia only)
f the trustee is an individual provide the following Title: Mr Mrs Miss Miss Miss Other Time Other given name Time Other given name Time of the trustee is a company provide the following Name Daytime contact phone number TOTAL of all gross payments or distributions subject to withholding add up all label A amounts from pages 2–7) TOTAL of all amounts withheld for the income year add up all label B amounts from pages 2–7)			
Title: Mrs Miss Ms Other Time	Full name of the trustee		
Termily name	If the trustee is an individual provide the following		
First given name Other given name If the trustee is a company provide the following Name Daytime contact phone number Image: Image	Title: Mr Miss Ms Other		
f the trustee is a company provide the following Name Daytime contact phone number Daytime contact phone number TOTAL of all gross payments or distributions subject to withholding add up all label A amounts from pages 2–7) TOTAL of all amounts withheld for the income year add up all label B amounts from pages 2–7)	Family name		
f the trustee is a company provide the following Name Daytime contact phone number Daytime contact phone number TOTAL of all gross payments or distributions subject to withholding add up all label A amounts from pages 2–7) TOTAL of all amounts withheld for the income year add up all label B amounts from pages 2–7)	First given name Other given name		
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Daytime contact phone number TOTAL of all gross payments or distributions subject to withholding add up all label A amounts from pages 2–7) TOTAL of all amounts withheld for the income year add up all label B amounts from pages 2–7)	If the trustee is a company provide the following		
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add up all label B amounts from pages 2–7)			
	TOTAL of all amounts withheld for the income year (add up all label B amounts from pages 2–7)		

ection B: Beneficiary information			
If you have more than six beneficiaries, copy this section and include the additional terms of the section and include the additional terms of the section and the section and terms of ter	onal details	s with this report.	
NEFICIARY DETAILS 1			
For information about TFNs, see 'Tax file numbers' on page 8.			
Entity type			
Company Fund Individual Partnership Self-m	anaged (SMSF)	Trust	
Entity details			
If a beneficiary is an individual provide the following			
Title: Mr Miss Ms Other			
Family name			
First given name Other given name			
Date of birth			
Home/residential address			
Suburb/town/locality		State/territory	Postcode
Australian business number (ABN)]		
Suburb/town/locality		State/territory	Postcode
Beneficiary postal address			
Suburb/town/locality		State/territory	Postcode
Country if not Australia		(Australia only)	(Australia only)
Total of gross payments/distributions subject to withholding			
Amounts withheld			

For information about TFNs, see 'Tax file numbers' on page 8.			
Entity type			
Commence Fund Individual Deuterorekin Self-n	nanaged	Trust	
Company Fund Individual Partnership super funds	s (SMSF) l	Indst	
Entity details			
If a beneficiary is an individual provide the following			
Family name			
First given name Other given name			
Day Month Year			
Date of birth			
Home/residential address			
		2	
Suburb/town/locality		State/territory	Postcode
	1		
Australian business number (ABN)			
Business address			
Suburb/town/locality		State/territory	Postcode
· · · · · · · · · · · · · · · · · · ·			
Beneficiary postal address			
Beneficiary postal address			
Beneficiary postal address Buburb/town/locality		State/territory	Postcode
		State/territory	Postcode
		State/territory	
Suburb/town/locality			
Suburb/town/locality Country if not Australia			Postcode
Suburb/town/locality Country if not Australia Total of gross payments/distributions subject to withholding			
Suburb/town/locality Country if not Australia			
Suburb/town/locality Country if not Australia Total of gross payments/distributions subject to withholding			

For information about TFNs, see 'Tax file numbers' on page 8.			
Entity type Company Fund Individual Partnership Self-mar super funds (Self-mar super funds (Sel	naged GMSF)	Trust	
Entity details If a beneficiary is an individual provide the following Title: Mr Mrs Miss Ms Other Family name			
First given name Other given name			
Date of birth			
Suburb/town/locality		State/territory	Postcode
If a beneficiary is a non-individual (company, fund, partnership, SMSF, trust) prov Name	vide the	following	
Australian business number (ABN)			
Suburb/town/locality		State/territory	Postcode
Beneficiary postal address			
Suburb/town/locality Country if not Australia		State/territory	Postcode

NEFICIARY DETAILS 4		
For information about TFNs, see 'Tax file numbers' on page 8.		
Entity type		
Company Fund Individual Partnership Self-managed super funds (SMSF)	Trust	
Entity details		
If a beneficiary is an individual provide the following		
Title: Mr Mrs Miss Ms Other Family name		
First given name Other given name		
Date of birth		
Home/residential address		
Suburb/town/locality	State/territory	Postcode
Business address		
Suburb/town/locality	State/territory	Postcode
Beneficiary postal address		
Suburb/town/locality	State/territory	Postcode
Country if not Australia	(Australia only)	(Australia
Total of gross payments/distributions subject to withholding A \$		
B \$,		

IEFICIARY DETAILS 5			
For information about TFNs, see 'Tax file numbers' on page 8.			
Entity type	managed		
Company Fund Individual Partnership super fund	ls (SMSF)	Trust	
Entity details			
If a beneficiary is an individual provide the following			
Title: Mr Mrs Miss Ms Other			
Family name			
First given name Other given name			
Day Month Year			
Date of birth			
Home/residential address			
L Suburb/town/locality		State/territory	Postcode
Name		e following	
Name			
Australian business number (ABN)			
Australian business number (ABN)			
Australian business number (ABN)			Postcode
Australian business number (ABN)		State/territory	Postcode
Australian business number (ABN)			Postcode
Australian business number (ABN)			Postcode
Australian business number (ABN)			Postcode
Australian business number (ABN)		State/territory	
Australian business number (ABN)			
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Australian business number (ABN)		State/territory	Postcode
Australian business number (ABN) Business address Suburb/town/locality Beneficiary postal address Suburb/town/locality Suburb/town/locality Country if not Australia		State/territory	Postcode
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Australian business number (ABN) Business address Suburb/town/locality Beneficiary postal address Suburb/town/locality Suburb/town/locality Country if not Australia		State/territory	Postcode
Australian business number (ABN)		State/territory	

NEFICIARY DETAILS 6			
For information about TFNs, see 'Tax file numbers' on page 8.			
Entity type			
	managed [Truck	
Company Fund Individual Partnership super fund	ls (SMSF)	Trust	
Entity details			
If a beneficiary is an individual provide the following			
Title: Mrs Miss Ms Other			
Family name			
First given name Other given name			
Day Month Year			
Date of birth			
Home/residential address			
Suburb/town/locality		State/territory	Postcode
Australian business number (ABN)			
Business address			
Suburb/town/locality		State/territory	Postcode
Beneficiary postal address			
Suburb/town/locality		State/territory	Postcode
Country if not Australia		(Australia only)	(Australia c
Total of gross payments/distributions subject to withholding			
A \$, ·			
Amounts withheld			
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Section C: Declaration

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

Full 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.



Tax file numbers

We are authorised by the *Taxation Administration Act 1953* to ask you to provide TFNs. We will use the TFNs to identify payees in our records. While it is not compulsory to provide their TFN, additional tax may be withheld from payments or distributions if it is not provided.

Privacy

For information about your privacy, visit our website at ato.gov.au/privacy

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

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 us at: Australian Taxation Office PO Box 686 ALBURY NSW 2640