



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 **X** 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).



For more information:

- visit ato.gov.au/trustsandtfnwithholding
- phone us on **13 28 66**.

Section A: Closely held trust information

For the quarter / / to / /

Trust tax file number (TFN)



For information about TFNs, see 'Tax file numbers' on page 8.

Name of trust

Postal address

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

Country if not Australia

Full name of the trustee

If the trustee is an individual provide the following

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given name

If the trustee is a company provide the following

Name

Daytime contact phone number

Section B: Beneficiary information

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

BENEFICIARY DETAILS 1

TFN

! 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

If a beneficiary is a non-individual (company, fund, partnership, SMSF, trust) provide the following

Name

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 only)

BENEFICIARY DETAILS 2

TFN

i 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

If a beneficiary is a non-individual (company, fund, partnership, SMSF, trust) provide the following

Name

Australian business number (ABN)

Business address

Suburb/town/locality State/territory Postcode

Beneficiary postal address

Suburb/town/locality State/territory Postcode
(Australia only) (Australia only)

Country if not Australia

BENEFICIARY DETAILS 3

TFN

i 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

If a beneficiary is a non-individual (company, fund, partnership, SMSF, trust) provide the following

Name

Australian business number (ABN)

Business address

Suburb/town/locality State/territory Postcode

Beneficiary postal address

Suburb/town/locality State/territory Postcode
(Australia only) (Australia only)

Country if not Australia

BENEFICIARY DETAILS 4

TFN

i 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

If a beneficiary is a non-individual (company, fund, partnership, SMSF, trust) provide the following

Name

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

BENEFICIARY DETAILS 5

TFN

 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

If a beneficiary is a non-individual (company, fund, partnership, SMSF, trust) provide the following

Name

Australian business number (ABN)

Business address

Suburb/town/locality State/territory Postcode

Beneficiary postal address

Suburb/town/locality State/territory Postcode
(Australia only) (Australia only)

Country if not Australia

BENEFICIARY DETAILS 6

TFN

i 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

If a beneficiary is a non-individual (company, fund, partnership, SMSF, trust) provide the following

Name

Australian business number (ABN)

Business address

Suburb/town/locality State/territory Postcode

Beneficiary postal address

Suburb/town/locality State/territory Postcode
(Australia only) (Australia only)

Country if not Australia

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)

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Business hours phone number

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Registered tax agent's number (if applicable)

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Before you sign this form

Check that you have provided accurate and complete information.

 Penalties may be imposed for giving false or misleading 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

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Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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