



Thin capitalisation test choice – Revocation of choice

Before you use this form

Pursuant to paragraph 820-47(6)(c) of the *Income Tax Assessment Act 1997* (ITAA 1997), you may use this form to apply to the Commissioner to revoke a choice previously made in the approved form under:

- subsection 820-46(3) of the ITAA 1997 to apply the group ratio test, or
- subsection 820-46(4) or subsection 820-85(2C) or subsection 820-185(2C) of the ITAA 1997 to apply the third party debt test

in relation to an income year.

We refer to the choice previously made as a thin capitalisation test choice.

How to complete this form

When completing this form:

- use BLOCK LETTERS
- place **X** in all applicable boxes
- ensure your signature is provided, and
- this form is dated.

After you complete this form

Lodge your form, including an electronic copy of the original signed and dated thin capitalisation test choice form to LargeServiceTeam@ato.gov.au

- For more information on the thin capitalisation test choice – revocation of choice form and completing this form, see [Thin capitalisation test choice revocation – approved form](#)

Section A: Entity details

1 Entity's full legal name

2 Tax file number (TFN) and Australian business number (ABN)

TFN (optional)

⚠ See the Privacy statement in the Declaration section

ABN

⚠ Mandatory if no TFN is provided

3 Current postal address

Street address

Suburb/town/locality

State/territory

Postcode

Section B: Information about your application to revoke a thin capitalisation test choice

4 Provide the income year end that the application to revoke a thin capitalisation test choice relates to

Day / Month / Year
□□ / □□ / □□□□

5 Provide the following information in respect of the thin capitalisation test choice to be revoked

i The date the entity made the choice

Day / Month / Year
□□ / □□ / □□□□

ii The due date for the choice under subsection 820-47(2) of the ITAA 1997

Day / Month / Year
□□ / □□ / □□□□

iii The type of due date for the choice

- The date on or before the relevant income tax return was lodged
- The date the relevant income tax return was due for lodgement
- The date the Commissioner granted further time to make the choice

iv If applicable, our reference ID for the letter confirming further time allowed by the Commissioner for the making of the thin capitalisation test choice

□ – □□□□□□□□

v Provide the thin capitalisation test choice to be revoked

- Group Ratio Test
- Third Party Debt Test

 Include a copy of your original signed and dated thin capitalisation test choice form with the revocation form that you lodge. Your TFN can be redacted from the test choice form.

6 Provide the full legal name and ABN of all entities that are deemed to apply the third party debt test due to the thin capitalisation choice of the entity applying to revoke the choice, including all entities covered by subsections 820-48(1) and 820-48(3).

Entity 1:

Entity's full legal name

ABN

□□ □□□ □□□ □□□

Entity 2:

Entity's full legal name

ABN

□□ □□□ □□□ □□□

Entity 3:

Entity's full legal name

ABN

□□ □□□ □□□ □□□

 Additional obligor group members' details can be provided as an attachment to the revocation of choice form.

7 If your decision to apply to revoke a thin capitalisation test choice relates to a previous interaction with the ATO such as a review or audit, specify our reference ID

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8 Specify your reasons for applying to revoke your thin capitalisation test choice (see subsection 820-47(6) of the ITAA 1997)

 You may include a separate attachment for this question if you require.

Section C: Choice declaration

Name of authorised person signing this declaration

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Position held

Examples are public officer, trustee, authorised registered tax agent.

Registered tax agent number (if applicable)

Privacy statement

We are authorised to request TFNs by the *Taxation Administration Act 1953*. We use them to identify you in our records. It is not an offence not to provide TFNs.

Taxation law authorises us to collect information and disclose it to other government agencies. This includes personal information of the person authorised to complete the form and sign the declaration. See more about your privacy at ato.gov.au/privacy

Declaration

Select the declaration type depending on whether you are either an authorised officer (public officer, trustee or so on) or an authorised agent.

Authorised officer declaration

- I declare:
- the information I have provided is true and correct
 - I am authorised to make this declaration.

Authorised agent declaration

- I declare:
- this form has been prepared in accordance with information supplied by the entity
 - I have received a declaration in writing from the entity stating that the information is true and correct
 - I am authorised by the entity to give this document to the Commissioner of Taxation.

Signature

Date

/ /