

Payee details

ABN (if known)

Name

Address

Street number and street name

Suburb/town/locality

State/territory

Postcode

Total of gross payments or taxable components

(including the market value of non-cash benefits)

\$, , .~~00~~

Total of amounts of tax withheld

\$, , .~~00~~

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! Sign the declaration on the front of this form when completed.