

Section C: Payee details

PAYEE ONE

Tax identification number (if known)

Name

Country

Payment type

Total of gross payments

Total tax withheld

Interest

\$, , .

\$, , .

Unfranked dividends – non CFI

\$, , .

\$, , .

Unfranked dividends – CFI

\$, , .

\$, , .

Royalties

\$, , .

\$, , .

Royalty category

Royalty description

Is the payee a related party?

Yes

No

PAYEE TWO

Tax identification number (if known)

Name

Country

Payment type

Total of gross payments

Total tax withheld

Interest

\$, , .

\$, , .

Unfranked dividends – non CFI

\$, , .

\$, , .

Unfranked dividends – CFI

\$, , .

\$, , .

Royalties

\$, , .

\$, , .

Royalty category

Royalty description

Is the payee a related party?

Yes

No

PAYEE THREE

Tax identification number (if known)

Name

Country

Payment type

Total of gross payments

Total tax withheld

Interest

\$, , .

\$, , .

Unfranked dividends – non CFI

\$, , .

\$, , .

Unfranked dividends – CFI

\$, , .

\$, , .

Royalties

\$, , .

\$, , .

Royalty category

Royalty description

Is the payee a related party?

Yes

No

Section C: Payee details – continued

PAYEE FOUR

Tax identification number (if known)

Name

Country

Payment type

Total of gross payments

Total tax withheld

Interest \$, , . -

Unfranked dividends – non CFI \$, , . -

Unfranked dividends – CFI \$, , . -

Royalties \$, , . -

Royalty category **Royalty description**

Is the payee a related party? Yes No

PAYEE FIVE

Tax identification number (if known)

Name

Country

Payment type

Total of gross payments

Total tax withheld

Interest \$, , . -

Unfranked dividends – non CFI \$, , . -

Unfranked dividends – CFI \$, , . -

Royalties \$, , . -

Royalty category **Royalty description**

Is the payee a related party? Yes No

PAYEE SIX

Tax identification number (if known)

Name

Country

Payment type

Total of gross payments

Total tax withheld

Interest \$, , . -

Unfranked dividends – non CFI \$, , . -

Unfranked dividends – CFI \$, , . -

Royalties \$, , . -

Royalty category **Royalty description**

Is the payee a related party? Yes No

Section D: Declaration This section must be completed by an individual authorised by the payer.

Before you sign this report

Check that you have provided accurate and complete information.

Penalties

Be aware that penalties may be imposed for giving false or misleading information.

Privacy

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

I declare that the information on this report is true and correct.

Signature of authorised person

Date

Day

Month

Year

Lodging your report

Remove the instructions from the front of this report. Keep a copy of this report for your records and return the completed original by **31 October** to us at:

**Australian Taxation Office
Locked Bag 50
PENRITH NSW 2740**

Sample only