

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.

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For more information:

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

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ection A: Closely held trust information		
Income year ending / Month / Year		
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	Postcode
	(Australia anh.)	(Austrolia a
Country if not Australia	(Australia only)	(Australia o
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		
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)		
\$ _ _ _ _ _		

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** Self-managed Company Fund Individual Partnership Trust super funds (SMSF) **Entity details** If a beneficiary is an individual provide the following Miss Title: Mr Mrs 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) Total of gross payments/distributions subject to withholding **A**\$ **Amounts withheld B**\$

NEFICIARY DETAILS 2			
TFN			
For information about TFNs, see 'Tax file numbers' on page 8.			
Entity type			
Company Fund Individual Partnership Self-mai super funds (S	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
Australian business number (ABN)			
Business address			
L Suburb/town/locality		State/territory	Postcode
Beneficiary postal address			
Suburb/town/locality		State/territory	Postcode
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Country if not Australia		(Australia only)	(Australia
Total of gross payments/distributions subject to withholding			
A \$			
Amounts withheld			
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TFN			
For information about TFNs, see 'Tax file numbers' on page 8.			
Entity type			
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company Fund Individual Partnership super funds	(SMSF)	iiust	
Entity details			
If a beneficiary is an individual provide the following			
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First given name Other given name			
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Date of birth /			
Home/residential address			
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Australian business number (ABN)]		
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Business address			
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TFN			
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Entity type		_	
Company Fund Individual Partnership Self-mai super funds (S	naged SMSF)	Trust	
Entity details			
If a beneficiary is an individual provide the following			
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Family name			
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First given name Other given name			
Day Month Year			
Date of birth / / / / / / / / / / / / / / / / / / /			
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Australian business number (ABN)			
Business address			
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Country if not Australia		(Australia only)	(Australia
Total of gross payments/distributions subject to withholding			
A \$			
Amounts withheld			
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Entity type Company Fund Individual Partnership Self-ma	naged	Trust	
	SMSF) L		
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 Day / Month / Year			
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
Total of gross payments/distributions subject to withholding A \$			
Amounts withheld			
B \$			

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. 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 Date

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