

## **PAYG** withholding liability notification

## WHEN TO COMPLETE THIS FORM

Use this form to offset a net GST credit against a pay as you go (PAYG) withholding liability.

The withholding period covered by this statement is either from:

- Saturday to Tuesday (the due date is the Monday following the period)
- Wednesday to Friday (the due date is the Thursday following the period).

If you need to make any additional payments to fulfil your liability, you must pay on or before the due date using the EFT code (Type 60) shown on your activity statement.

## **LODGING THIS FORM**

Send your completed form to us at least 48 hours **before** lodging your business activity statement, by either:

- faxing it to 1300 134 791
- memailing it to largeDAN@ato.gov.au

Legal name of entity  Postal address  Suburb/town  State/territory Postcods  Australian business number (ABN)  Period covered by this statement  From  Day  Amounts withheld from salary, wages and other payments  A \$	
Postal address  Suburb/town  Australian business number (ABN)  Period covered by this statement from how	Intity details
Suburb/town  State/territory  Postcode  Australian business number (ABN)  Period covered by this statement  From	-
Suburb/town  State/territory  Postcode  Australian business number (ABN)  Period covered by this statement  From	
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Suburb/town  State/territory  Postcode  Australian business number (ABN)  Period covered by this statement  From	
Australian business number (ABN)  Period covered by this statement  From  Payment due on  Amounts withheld from salary, wages and other payments  A \$	Postal address
Australian business number (ABN)  Period covered by this statement  From  Payment due on  Amounts withheld from salary, wages and other payments  A \$	
Australian business number (ABN)  Period covered by this statement  From  Payment due on  Amounts withheld from salary, wages and other payments  A \$	Suburb/town State/territory Postcode
Period covered by this statement from// to/	
Period covered by this statement from// to/	Australian business number (ABN) Branch number
Period covered by this statement from / / / / / / / / / / / / / / / / / / /	
Amounts withheld from salary, wages and other payments  A \$	
Amounts withheld from payment of invoices where no ABN is quoted <b>B</b> \$	
Total amounts withheld from payments (Add A + B) C \$	Amounts withheld from salary, wages and other payments A\$,,
Privacy For information about your privacy, visit our website at ato.gov.au/privacy  I declare that the information given on this form is true and correct, and that I am authorised to make this declaration.  Full name of signatory  Business hours phone number  Signature  Date	Amounts withheld from payment of invoices where no ABN is quoted <b>B</b> \$,
Privacy For information about your privacy, visit our website at ato.gov.au/privacy  I declare that the information given on this form is true and correct, and that I am authorised to make this declaration.  Full name of signatory  Business hours phone number  Signature  Date	Total amounts withheld from payments (Add A + B) C \$,
For information about your privacy, visit our website at ato.gov.au/privacy  I declare that the information given on this form is true and correct, and that I am authorised to make this declaration.  Full name of signatory  Business hours phone number  Signature  Date	Declaration
Full name of signatory  Business hours phone number  Signature  Date	
Signature  Date	I declare that the information given on this form is true and correct, and that I am authorised to make this declaration.
Signature  Date	Full name of signatory  Business hours phone number
Date	
	Signature
	Date