



# Annual TFN withholding report

This form must be completed for a closely held trust to report amounts withheld.

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.

## 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).



For more information:

- visit [ato.gov.au/trustsandtfnwithholding](http://ato.gov.au/trustsandtfnwithholding)
- phone us on **13 28 66**.

## Section A: Closely held trust information

**Income year ending**   /   /

**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

  

(Australia only)

Postcode

    

(Australia only)

Country if not Australia

### Full name of the trustee

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

**i** If you have more than six beneficiaries, copy this section and include the additional details with this report.

### BENEFICIARY DETAILS 1

TFN

**i** For information about TFNs, see 'Tax file numbers' on page 8.

#### Entity type

Company  Fund  Individual  Partnership  Self-managed super funds (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

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)

(Australia only)

Total of gross payments/distributions subject to withholding

A \$ ,.

Amounts withheld

B \$ ,.

**BENEFICIARY DETAILS 2**

TFN

**i** For information about TFNs, see 'Tax file numbers' on page 8.

**Entity type**

Company  Fund  Individual  Partnership  Self-managed super funds (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

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

**Total of gross payments/distributions subject to withholding**

A \$  ,  .

**Amounts withheld**

B \$  ,  .

**BENEFICIARY DETAILS 3**

TFN

**i** For information about TFNs, see 'Tax file numbers' on page 8.

**Entity type**

Company  Fund  Individual  Partnership  Self-managed super funds (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

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   
(Australia only)

Postcode   
(Australia only)

Country if not Australia

**Total of gross payments/distributions subject to withholding**

A \$  ,  .

**Amounts withheld**

B \$  ,  .

**BENEFICIARY DETAILS 4**

TFN

**i** For information about TFNs, see 'Tax file numbers' on page 8.

**Entity type**

Company  Fund  Individual  Partnership  Self-managed super funds (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

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   
(Australia only)

Postcode   
(Australia only)

Country if not Australia

**Total of gross payments/distributions subject to withholding**

A \$ ,.

**Amounts withheld**

B \$ ,.

**BENEFICIARY DETAILS 5**

TFN

**i** For information about TFNs, see 'Tax file numbers' on page 8.

**Entity type**

Company  Fund  Individual  Partnership  Self-managed super funds (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

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   
(Australia only)

Postcode   
(Australia only)

Country if not Australia

**Total of gross payments/distributions subject to withholding**

A \$ ,·

**Amounts withheld**

B \$ ,·

**BENEFICIARY DETAILS 6**

TFN

**i** For information about TFNs, see 'Tax file numbers' on page 8.

**Entity type**

Company  Fund  Individual  Partnership  Self-managed super funds (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

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   
(Australia only)

Postcode   
(Australia only)

Country if not 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)

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Business hours phone number

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Registered tax agent's number (if applicable)

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### 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](http://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**

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Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 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