



Tax File Number Declaration

This declaration is NOT an application for a Tax File Number.

Please write in **BLOCK letters** and use a **BLACK** or **BLUE** pen. This request will be invalid if unsigned and undated.

Make sure you read all the instructions before you complete this declaration. Once you've completed and signed this form, please mail to: **Rest Pension, Locked Bag 5042, Parramatta NSW 2124**, or email to **pension@rest.com.au**

Section 1: To be completed by the PAYEE

1. What is your Tax File Number (TFN)?

OR, I have made a separate application/enquiry to the Australian Taxation Office for a new or existing TFN

OR, I am claiming an exemption because I am a pensioner

2. What is your name?

Title*

Given name(s)*

Surname*

3. If you have changed your name since you last dealt with the Australian Taxation Office, show your previous family name

4. Date of birth (dd/mm/yyyy)

5. What is your home address in Australia?

Unit number

Street number

Street name

Suburb/Town

State

Postcode

6. What is your primary email address?

7. On what basis are you paid? (select only one)

Full-time employment

Part-time employment

Labour hire

Superannuation Income Stream

Casual employment

8. Are you an Australian resident for tax purposes?

Yes No (If you have ticked No here, you must answer 'No' to question 9)

9. Do you want to claim the tax-free threshold from the payer? (Only claim the tax-free threshold from one payer at a time unless your total income from all sources for the financial year will be less than the tax-free threshold.)

Yes No (Answer 'No' here and question 11 if you are a foreign resident except if you are a foreign resident in receipt of an Australian Government pension or allowance.)

10. Do you want to claim the seniors and pensioners tax offsets by reducing the amount withheld from payments made to you? If you have more than one source of income and currently claim the tax-free threshold from another payer, DO NOT claim it now.

Yes (Complete a Withholding declaration, but only if you are claiming the tax-free threshold from this payer) No

11. Do you want to claim a zone, overseas forces, or invalid and invalid carer tax offset by reducing the amount withheld from payments made to you?

Yes (Complete a Withholding declaration) No

12. (a). Do you have a Higher Education Loan Programme (HELP) debt, VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

Yes (Your payer will withhold additional amounts to cover any compulsory repayments that may be raised on your notice of assessment) No

(b). Do you have a Financial Supplement debt?

Yes (Your payer will withhold additional amounts to cover any compulsory repayments that may be raised on your notice of assessment) No

Section 2: Tax File Number consent

Declaration by payee: I declare that the information that I have given is true and correct.

Signature Date (dd/mm/yyyy)*

There are penalties for deliberately making a false or misleading statement.

Section 3: To be completed by the PAYER

1. What is your Australian business number (ABN)?

62 653 671 394

2. What is your legal name or registered business name?

RETAIL EMPLOYEES

SUPERANNUATION PTY LIMITED

3. What is your business address?

LOCKED BAG 5042

Suburb/Town

PARRAMATTA

State

NSW

Postcode

2124

4. Who is your contact person?

REST

Business phone number

0285715593

Section 4: Instructions for filling out TFN form

If you need help completing the Tax File Number declaration, or if you wish to see the Australian Taxation Office's privacy statement, you can:

- visit ato.gov.au/privacy, or
- phone 132861 between 8.00am and 6.00pm, Monday to Friday