

# Tax File Number Declaration

## When to use this form

Please complete and sign as the PAYEE and return to the PAYER, QSuper. For help completing this form visit the ATO website at [ato.gov.au](http://ato.gov.au)

Please complete in **BLOCK** letters, using blue or black ink.

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

Tax File Number

### 2 What is your name?

Title

First name

Last name

Other given names

### 3 What is your home address in Australia?

Address

State

Postcode

### 4 If you have changed your name since you last dealt with the ATO, show your previous name details

Title

First name

Last name

Other given names

### 5 What is your primary email address?

Email Address

### 6 What is your date of birth?

Date of birth (dd/mm/yyyy)

### 7 On what basis are you paid?

- Full-time employment
- Part-time employment
- Casual employment
- Labour hire
- Superannuation or annuity income stream

### 8 I am (select only one):

- An Australian resident for tax purposes
- A foreign resident for tax purposes
- A working holiday maker

### 9 Do you wish to claim the tax-free threshold from this 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.

Answer **No** here if you are a foreign resident or working holiday maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

- Yes
- No

**10** Do you have a Higher Education Loan Program (HELP), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

Yes  No

If **Yes**, your payer will withhold additional amounts to cover any compulsory repayment(s) that may be raised on your Notice of Assessment.

**11** Do you have an accumulated Financial Supplement debt?

Yes  No

If **Yes**, your payer will withhold additional amounts to cover any compulsory repayment(s) that may be raised on your Notice of Assessment.

**12** Declaration by payee

I declare that the information I have given is true and correct.

**Signature**

(Please sign in blue or black pen – QSuper does not accept electronic signatures on this form)

**Date signed** (dd/mm/yyyy)

/  /

*Please note: There are penalties for deliberately making a false or misleading statement.*

**Where to send this form**

Please send your completed form to us by:

**Post**

QSuper  
GPO Box 200  
Brisbane QLD 4001

**Email**

qsuper@qsuper.qld.gov.au

**Member Centres**

**70 Eagle Street, Brisbane**  
**63 George Street, Brisbane**  
**Sunshine Coast University Hospital**, Ground Floor,  
Main Hospital Building, 6 Doherty Street, Birtinya

**Member Services team**

**Phone** 1300 360 750  
**Overseas** +61 7 3239 1004  
Monday to Friday 8.00am – 6.00pm (AEST)

**Postal address** GPO Box 200, Brisbane QLD 4001  
**Email** qsuper@qsuper.qld.gov.au  
**Fax** 1300 242 070  
**Website** qsuper.qld.gov.au

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