

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

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)

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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

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Member Service team

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