

Tax file number – application or enquiry for individuals living outside Australia

WHEN COMPLETING THIS FORM

- Refer to the instructions to help you complete this application.Answer all the questions, otherwise we may need to contact
- you for further information.
- Print clearly, using a black or dark blue pen only.
 Use BLOCK LETTERS and print one character in

Use BLOCK LETTE	RS and print one	character in each box.
8 M I T H	8 T	

- Place $|\mathcal{X}|$ in **all** applicable boxes.
- Do not use correction fluid or covering stickers.
- Sign next to any corrections with your full signature (not initials).

- Make sure you read the privacy statement and sign the declaration at the end of the form.
- Provide acceptable proof of identity documents as specified on page 5 of the instructions.

If you need help completing this application or you can't provide enough proof of identity documents, phone **+61 2 6216 1111** between 8.00am and 5.00pm (Australian Eastern Standard Time or Eastern Daylight-saving Time), Monday to Friday, and ask to be transferred to **Personal tax enquiries**.



Section A: Applicant information

The answers to these questions will help us establish whether you are already on our records or not.

1	Ai E No				truc			ian age					or ta	ax	pui	po	se	s?																		262804			
2	H	ave	e yo	ou	eve	er:	(Pla	ce	X	in c	nel	box	on	y)																						14			
		ар	pli	ed	for	ar	ו A	in ti ust urn	rali	ian	TF	N	oef	-)																							
		No						ion																															
	Y	'es		G	o tc	o qu	lest	ion	3.																														
3	lf	yo	u k	no	w t	he	de	tail	ls o			-	/ou	la							-	ovi			en	۱b	elc	w.											
Wh	en	did	vo	u la	st o	dea	ıl wi	ith u	us?		Year					Deta	ails (f	or e	exan	nple	e, ta	ax ret	turr	1) 															
We			-							am		ı e th		are	no	?									1														
	-	No	<u> </u>					r de					-					st d	ealt	t w	ith	us.																	
	Y	'es		G	o tc	o qu	lest	ion	4.																														
Fam	ily n	ame	at t	hat	time																																		
First	give	en na	ame												1		Oth	ner g	give	n na	ame T	es												7					
Post		ddre					re at		t tim																														
Subi	urb/	towr	n/loo	cality	/		1						1		11	1		1								11	1	٦	S F	Stat	e/te	errito	ory T		Po	ostc	ode) 	
		16																											L		tralia						stralia		
Cou	ntry			e Al	JStra	liia][1001	in curica	Unity)	,			(nuc	ALC CHICK	. Jrily	,
Nam			ur ta			L at th] Lat ti		l lif an] ahle)																												
		,00																																					

4 What is your full name?

First given name Other given names Image: Ima
5 Have you ever had another name?
No Go to question 6.
Yes Provide details below.
Type of name? (Place X in one box only)
Your previous married name The name on your birth certificate An anglicised name
Your name before marriage A shortened version of your name An assumed name (known as)
Your skin name
Other name Title: Mr Mrs Miss Ms Other Other
First given name Other given names
If you have more names, provide details on a separate sheet of paper and include with your application. Make sure you provide full names and indicate type of name.
6 What is your sex? Male Female
7 What is your date of birth?
8 Do you have a spouse?
See instructions page 4.
No B Go to question 9.
Yes Provide their name and date of birth details below. Spouse's family name
Spouse's first given name Spouse's other given names
Day Month Year Spouse's date of birth / / / Year Check that you have given your name before marriage or previous married name at question 5, if applicable.

Section B: Address details

See instructions page 4.

We may use these details to send notices and correspondence about your taxation affairs.

9 What is your postal address? (Your TFN will be sent to this address.)

•				ر <u>د</u>			P	0.0						(10	, ai			• • • •			501		0 11	110	uu		000	··/																		
	F	or e	exa	mp	le,	Wr	rite	yοι	ur h	non	ne a	ad	dre	ess,	y	our	p	ost	of	ffic	e k	DOX	, 0	r y	oui	r A	ust	rali	ian	rep	ore	ser	ntat	ive	's	pos	stal	ac	ddr	ess	s.					
Sub	urb,	/tow	/n/l	ocal	lity																															Sta	ate/t	erri	itor	у		Po	ostc	ode	Э	
Cou	intry	if c	outs	ide	Au	stra	lia																													(Au	strali	a on	ıly)				(Aus	stralia	a only	/)
10	V	/ha	at i	is y	/0	ur	ho	me	e a	dd	re	ss	0	uts	sid	le	Αι	ıst	tra	alia	a?																									

T	his m	nust I	be a	a str	eet	ado	dres	s.														
Suburb	/town	/local	ity																			
Countr	y																					

Section C: Reason for application

11 Why do you need a TFN? (Place X in one box only)

Option 1 – you receive income from an Australian rental property (provide details of one property)	
eet address of rental property	
burb/town/locality State/territory Postco	ode
al estate agent's name	
al estate agent's address	
burb/town/locality Postco	ode
Option 2 – you are registering for an Australian business number (ABN) and, if applicable, another associated bu account – for example, goods and services tax (GST)	
We recommend you complete this TFN application before registering for an ABN – this will speed up processing of your application. You can register for an ABN at abr.gov.au	ABN
pplicable, provide a business or company name	
stralian Registered Body Number (ARBN) or stralian Company Number (ACN)	

Provide the details of the entity that pays you. Name of company, partnership, trust or individual Street address Street address Street address Suburb/town/locality State/territory Postcode Postcode Option 4 - you receive a distribution from an Australian trust Name of trust Trust ABN
Street address Street address Suburb/town/locality State/territory Postcode Australian Company Australian Company Australian Company Australian trust Name of trust Name of trust
Image: State of the
Image: State of the
Image: State of the
Australian Company Number (ACN) – if a company Australian business number (ABN) Option 4 – you receive a distribution from an Australian trust Name of trust
Australian Company Number (ACN) – if a company Australian business number (ABN) Option 4 – you receive a distribution from an Australian trust Name of trust
Option 4 – you receive a distribution from an Australian trust Name of trust
Option 4 – you receive a distribution from an Australian trust Name of trust
Image: Constraint of the second sec
Option 5 – in terms of superannuation you:
receive benefits from an Australian fund
 make personal contributions into an Australian fund, or are having contributions made on your behalf into an Australian fund.
Option 6 – you receive other types of Australian income
Give full details, including any associated ACN or ABN.
Option 7 – you wish to obtain a refund of TFN withholding tax
Option 7 - you wish to obtain a refund of TFN withholding tax
Option 8 – your spouse is: an Australian resident, and
Option 8 – your spouse is:

Section D: Contact details

Ø	See instructions	page	4.
---	------------------	------	----

12 What are your contact details?

Provide all details where you can. We may use these details to contact you as well as send notices and correspondence about your taxation affairs.

Daytime phone number (include area or country code)	Mobile number (include country code)
Email address (use BLOCK LETTERS)	

13 Do you want to provide an alternate contact person?

These details will only be used if we need help to process this form and will not be recorded on our systems. If you would like to add an authorised contact (nominated representative) on our systems to deal with us on your behalf, you will need to phone us when you receive your TFN.

|--|

Yes

Provide the details of another person who we can contact for further information about your application below.

Contact person's name
Title: Mrs Miss Ms Other Othe
Family name
First given name Other given names
Daytime phone number (include area or country code) Mobile number (include country code)
Email address (use BLOCK LETTERS)

14 Do you have a registered tax agent or a legal representative in Australia?

	No
	Yes Provide your registered tax agent or legal representative's details below.
Name	3
Phone	e number (include area code)
Name	e of person you deal with
Regist	stered tax agent number

Se	ection E: Supporting documents See instructions pages 4–6												
	This section will help you provide the proof of identity documents we need to process your application. If you do not provide all the documents we ask for, we cannot issue you with a TFN.												
	• You must provide two documents , one of which must be a primary document. They must both be current.												
15	Which of the following supporting documents will you provide with your application? (Place χ in all applicable boxes.)												
	Primary documents												
	Foreign passport												
	Foreign birth certificate												
	Australian full birth certificate												
	Australian passport.												
	Secondary documents												
	National photo identification card												
	Foreign government identification												
	Marriage certificate – if you provide this document to verify how you changed your name, it will not count as a second document												
	Drivers licence – the address listed on your licence must match the home address on this application.												
	 See page 2 of the instructions to see if you are eligible to sign the form on behalf of the applicant. No Go to question 17. Yes H fyou sign on behalf of the applicant you must include all of the following with this application: The applicant's supporting documents that you have selected at question 15. One of the 'Linking documents' on page 6 of the instructions that shows your relationship to the applicant. If one of the applicant's supporting documents that you have selected at question 15 shows your relationship to the applicant. If one of the applicant's supporting documents that you have selected at question 15 shows your relationship to the applicant, (for example, a birth certificate) you do not need to provide another linking document. Your own tax file number (TFN) (See the privacy note in the declaration on page 7) OR If you do not provide your TFN, you will need to provide two of your own supporting documents, one must be a primary document. See 'Acceptable proof of identity documents' on page 5 of the instructions. 												
17	Are any of the supporting documents you will provide in a previous name?												
	No												
	Yes You will also need to provide one of the 'Linking documents' listed on page 6 of the instructions that shows how your name was changed.												
18	Are the supporting documents you will provide in English?												
	No See instructions page 5.												
	Yes												
0	Make sure you sign the declaration on the next page.												

Section F: Declaration

When you send your application, you must include your proof of identity documents as specified on page 4 of the instructions.

If you are:

- 16 years or older you must sign your application
- 13 to 15 years old you or your parent or guardian can sign
- 12 years old or under your parent or guardian must sign on your behalf.

If you are completing this TFN application on behalf of another person, this does not give you the authority to ask about their tax matters.

19 Who is the authorised person signing this declaration?

The person applying for the TFN Sign and date the declaration below.

_			
Α	parent	or	guardian

Make sure you have completed questions 13 and 16 and provide your full name below before signing and dating the declaration below.

Nar	ne o	of pa	rent	or g	guaro	dian																	
							 	 	 	 	 		 	_									

Before you sign this form

Make sure you have answered all the relevant questions correctly and read the privacy statement below before you sign and date this page. An incomplete form may delay processing and we may ask you to complete a new form.

Penalties may be imposed for giving false or misleading information or for the unauthorised use of a TFN.

Privacy

The ATO is authorised by the *Taxation Administration Act 1953* to request tax file numbers (TFNs). We will use your TFN to identify you in our records. It is not an offence not to provide TFNs. However, if you do not provide your TFN, there may be a delay in processing this form.

Taxation law authorises the ATO to collect information and to disclose it to other government agencies. For information about your privacy, go to **ato.gov.au/privacy**

We may check the supporting documents you supply with the agencies that issued them.

I declare that the information given on this application is true and correct.

Signature

You MUST SIGN here



Lodging your application

Keep a copy of your application for your records. Send the original application and your proof of identity documents to us:

Australian Taxation Office PO Box 9942 MOONEE PONDS VIC 3039

We will aim to process this form within 28 days of receiving all the necessary information. If your form is incomplete, incorrect or needs checking, it may take longer. We will send your TFN to the postal address on your application.

We appreciate your patience during the processing period. Do not lodge another application during this time.

		OFFICE USE ONLY	
Proof of le	dentity certification		
Document code	Document number	Place of issue	Date of issue or expiry
Link docu	iments		
Document code	Document number	Place of issue	Date of issue or expiry
Represen	tative/nominee		
Document code	Document number	Place of issue	Date of issue or expiry
Officer's nar	me (please print)		
Phone			
Officer's sign			
			Year
CLK custon	ner reference number Offic	ce code Source code	
	Notes	Office stamp	