

# New Employee Information



## Welcome

We're so excited that you are coming to work at the RCH! Please fill out the following New Employee Information form, save it, and send it back to People & Culture. If you have any questions, please feel free to contact the People and Culture Department via email on [hrservices@rch.org.au](mailto:hrservices@rch.org.au) Thank you!

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## Personal Details

Title	<input type="text"/>
Legal Surname	<input type="text"/>
Legal First Name	<input type="text"/>
Legal Middle Name	<input type="text"/>
Preferred Name <small>*Appears on ID card and email address</small>	<input type="text"/>
Email	<input type="text"/>
Phone number	<input type="text"/>
Date of Birth	<input type="text"/>
Street Address	<input type="text"/>
Suburb	<input type="text"/>
State	<input type="text"/>
Post Code	<input type="text"/>
Position Title	<input type="text"/>

Working with Children Check Card No:  
(if you already have one)

Are you an Australian/New Zealand Citizen or  
Permanent Resident?

Yes  No

Do you hold a valid Working Visa?

Yes  No

If yes, what type of Visa do you hold?

**Please make sure you provide a copy of your Visa Grant Notice attached with this form.**

VISA Holders: Do you authorise the RCH to conduct a  
VEVO enquiry now, and on a regular basis during your  
employment?

Yes  No

## Emergency Contact Details

Contact Name

Relationship

Address

Phone Number

## Bank Details:

Bank

Account Name

BSB

Account Number

If you would like, you are able to add a second bank account with a nominated amount to be deposited each  
pay. This is OPTIONAL so please only fill it out if you would like to.

Bank

Account Name

BSB

Account Number

Amount

# Diversity & Inclusion

The RCH is committed to a diverse and inclusive workforce. We encourage applications from Aboriginal and Torres Strait Islander people, people from culturally and/or linguistically diverse backgrounds, all members of the LGBTQI community and people with disability.

The below section is **optional** to complete, however if completed, it will assist the RCH's People & Culture team to continue to support our valued workforce.

What is your Gender?	Female	Male
	Self-Described	Prefer not to say

Do you identify as Lesbian, Gay, Bisexual, Transgender, Queer and/or Intersex (LGBTQI)?	Yes	No	Prefer not to say
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Do you consider yourself an Aboriginal or Torres Straight Islander?	Yes	No	Prefer not to say
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Were one or both of your parents born overseas?	Yes	No	Prefer not to say
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If yes, please specify country/countries

Do you speak a language other than English at home	Yes	No	Prefer not to say
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If yes, please specify the language/s

Are you a person with a disability?	Yes	No	Prefer not to say
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In accordance with the Employment Agreement under which you are employed, are you aware of any/include all pre-existing injuries or diseases you have suffered which might be affected by the nature of the proposed employment?

Yes	No
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If yes, please list all such pre-existing injuries and diseases:

Please note that failure to disclose any such pre-existing injury or disease; or the making of a false or misleading disclosure with respect to same will result in you not having an entitlement with respect to any claim for compensation under the Workplace Injury Rehabilitation and Compensation Act 2013 where you suffer any recurrence, aggravation, acceleration, exacerbation or deterioration of the pre-existing injury or disease arising out of or in the course of or due to the nature of your employment.

## Declaration

I declare that to the best of my knowledge, the above information is true and accurate and understand that the deliberate provision of false or inaccurate information may result in the forfeiting of my entitlement to any Work Cover claim.

Date:

Yes

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## Fit Test Declaration

As of September 2020, the Department of Health have mandated fit testing for all healthcare workers that may be required to wear a P2/N95 respirator in the course of their employment. Fit Testing is a quantitative method to ensure that a P2/N95 respirator achieves an adequate seal to the users face, and therefore protects the user from respiratory hazards such as infectious diseases, gases and vapours. Please complete the following declaration:

- I have been fit tested at another health service in the last 12 months
- I have been fit tested at another health service more than 12 months ago
- I have not been fit tested at another health service

If you have been tested elsewhere, please provide a copy of your results record. If you do not have a copy of your results record, or you have not been fit tested, a fit test will be organised for you within the first two weeks of your employment.

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## Superannuation Details:

### Choice of Fund:

Please select your preferred superannuation by filling out the [Superannuation Standard Choice form](#) and send it together with your new starter paperwork. Please provide a letter of compliance from your superannuation fund. This can be found on most fund's websites.

**\*\*Important:** If your preferred superannuation fund is a Self-Managed Fund, you must provide an ATO Compliance Letter showing the fund is registered.

### Aware Super or Hesta:

You may opt for either Aware Super (Formerly First State Super) or Hesta as your superannuation partner. Please select one of the following superannuation providers:

Aware Super          Membership Number

Hesta                  Membership Number

Please note if you do not select or provide your preferred superannuation provider you will be automatically partnered with Aware Super.

**Disclaimer:** The information I have provided on this form is current and correct:  Yes

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## Staff Policies Declaration:

Please read the following policies:

[Conflict of Interest](#)

[Code of Conduct](#)

[Safe Workplace Behaviours Procedure](#)

[Consumer Focused Care and Child Safety](#)

I agree that I have read and understood the information set out in the below policies. I understand that if I have any questions about the policy, I will raise them with Human Resources or my manager upon commencement:

Conflict of Interest                       Yes       No

Code of Conduct                          Yes       No

Safe Workplace Behaviours Procedure                       Yes       No

Consumer Focused Care and Child Safety                       Yes       No

Name:

Date

Do you have any relatives or members of your household employed by the Royal Children's Hospital?                       Yes       No

If Yes, please provide the relative or household member details including: Name; Department; Division and; Dates of Employment

# Privacy, Confidentiality & Security Agreement:

(For all persons, including The Royal Children's Hospital staff, contractors, volunteers and students)

The Royal Children's Hospital is committed to ensuring the organisation complies with relevant privacy, confidentiality and security legislation – to protect our clients, our staff and our organisation. To facilitate this, individuals are required to understand their obligations and responsibilities including what it means to sign this agreement.

All persons, including Royal Children's Hospital staff, contractors, volunteers and students who come into contact with, or have access to, confidential information have a responsibility to maintain the privacy, confidentiality and security of that information.

## **Confidential information may include information relating to:**

- Patients and / or Family Members

*Such as medical records, conversations and financial information*

- Employees, Contractors, Volunteers, Students

*Such as salaries, employment records, disciplinary actions, health status*

- Business Information

*Such as financial records, reports, memos, contracts, computer programs, technology*

- Third Parties

*Such as vendor contracts, computer programs, technology*

- Operations Improvement, Quality Assurance, Peer Review

*Such as reports, presentations, survey results*

To assist The Royal Children's Hospital in complying with legislation a range of policies and procedures have been developed and implemented. Staff are required to be aware of the content of the following documents and the impact they have on their role.

The Privacy, Personal Information and Information Technology - Security procedures are available on the RCH Intranet site which can be viewed once commenced.

## **Examples of Breaches - (What you should not do!)**

*NOTE: These are examples only. They do not include all possible breaches of privacy, confidentiality or security covered by this agreement. Staff should read and understand relevant Royal Children's Hospital policies and procedures. These are listed with this agreement and can be accessed via the RCH Intranet.*

## **Accessing information that you do not need to know to do your job:**

- Unauthorised reading of a patient's medical record or an employee file.
- Random searching of Patient Master Index for familiar names.
- Accessing information on family, friends or co-workers.
- Reading pathology results of family, friends or co-workers.

**Divulging personal information without individual's consent:**

- Discussing or gossiping about patient details in situations unrelated to direct patient care or divulging other staff member's personal details.
- Conducting a conversation relating to patient or staff information in a public place.
- Telling a relative or friend about a patient or staff member you had seen.
- Discussing confidential information in a public area such as a waiting room or elevator.
- Disclosing patient information via any form of web media eg. Facebook, My Space.

**Sharing, copying or changing information without proper authorisation:**

- Making unauthorised changes to a patient's medical record.
- Making unauthorised changes to an employee file.
- Copying and forwarding patient or staff information to a third party without having verbal or written consent.

**Sharing your password:**

- Telling a co-worker your password so that they can access your work.
- Telling an unauthorised person the access codes for employee files or patient accounts.
- Using unauthorised shared passwords.

**Using another person's password:**

- Using a co-worker's password to log in to the Hospital's computer system.
- Unauthorised use of a password to access employee files or patient accounts.
- Using a co-worker's application for which you do not have rights after he / she is logged in.

**Disclosing patient information without following RCH guidelines:**

- Faxing without including a fax cover sheet.
- Disclosing patient details over the phone when a privacy alert exists.

**Leaving a secure information system (i.e. a system that is password protected) unattended while logged on:**

- Being away from your desk (eg. tea or lunch breaks) while you are logged into a secure system.
- Allowing a co-worker to use a secure system for which he / she does not have access after you have logged in.

**Further information:**

If you have any questions or concerns relating to privacy, confidentiality or security of information whilst at The Royal Children's

Hospital contact:  
Privacy Officer  
Health Information Services  
Royal Children's Hospital  
Phone: 9345 6106  
Fax: 9345 6589

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## Privacy, Confidentiality and Security Agreement

As part of my position / employment I am required to understand and agree to the following:

1. I WILL ONLY access information I need to do my job.
2. I WILL NOT disclose, copy, release, sell, alter or destroy any confidential information, either electronic or paperbased unless it is part of my job. If it is part of my job to do any of these tasks, I will follow the correct procedure (such as putting confidential papers in appropriate security bins or using the RCH faxing guidelines).
3. I WILL NOT misuse or be careless with confidential information.
4. I WILL NOT disclose my personal computer passwords and will only use shared passwords in authorised situations.
5. I ACCEPT responsibility for all activities undertaken using my password.
6. I KNOW that my access to confidential information may be audited.
7. I WILL NOT remove confidential information (eg. medical records, photocopied
8. patient forms or electronic data) from the RCH unless it is an authorised work practice.
9. I WILL report any activities to my manager that I suspect may compromise the confidentiality and integrity of information. I understand these reports, made in good faith, will be held in confidence to the extent permitted by law.
10. I WILL wear my RCH identification badge at all times whilst on RCH premises.
11. I WILL protect the privacy of RCH patients and employees.
12. I AM RESPONSIBLE for my use or misuse of confidential information.
13. I UNDERSTAND my obligations under this Agreement will continue after termination of my employment.

I am aware that failure to comply with this agreement may result in the termination of my position/employment at The Royal Children's Hospital and/or civil or criminal legal penalties.

I agree that I have read, understand and will comply with this agreement:

Yes

No

Name:

Date:



## Authorisation for Police Check Deduction (Fit2Work):

You will soon receive an email inviting you to complete a Fit2Work Police Check (if not received by now please check your junk mail folder and contact HR). It is mandatory that all employees complete a Police Check prior to their commencement date.

If you already have a Police Check that has been completed within three months of your start date, please attach this to your email when returning this paperwork.

If not, please complete the Fit2Work Police Check emailed to you, . This costs \$40.60 and can be deducted from your first pay. In order for this to happen, please complete the below:

<b>I will be providing my own Police Check, dated with 3 months of my commencement date</b>	Yes
	No

**OR**

<b>I will be completing a Fit2Work Police check and I hereby authorize the Pay Officer of the Royal Children's Hospital to deduct from my salary a total of \$40.60 (GST Inclusive) for the cost of a Fit2Work police check.</b>	Yes
	No

## Senior and Junior Doctors Only:

These sections are ONLY applicable for Senior and Junior Doctors joining RCH

### Medical Indemnity:

I **have** medical indemnity

Yes

Organisation:

Membership Number:

I **do not** have medical indemnity

Yes

I understand that as an employee of the Royal Children's Hospital I am indemnified for claims which arise directly out of health care incidents which occur when treating patients of the Royal Children's Hospital.

I am aware that I am not indemnified for costs incurred in:

- Disciplinary tribunal hearings (costs incurred at hearings of the Medical Practitioners Board of Victoria)
- Criminal investigation, trial or proceeding
- Coronial inquiries, in some instances

Name:

Date

The Royal Children's Hospital strongly recommends that all medical practitioners obtain private medical indemnity insurance. ([www.mdav.org](http://www.mdav.org) [www.mips.com.au](http://www.mips.com.au))

### Provider and Prescriber Number details:

Provider Number:

Prescriber Number:

# Tax file number declaration

Information you provide in this declaration will allow your payer to work out how much tax to withhold from payments made to you.

— This is not a TFN application form.  
To apply for a TFN, go to [ato.gov.au/tfn](http://ato.gov.au/tfn)

## ! Terms we use

When we say:

- payer, we mean the business or individual making payments under the pay as you go (PAYG) withholding system
- payee, we mean the individual being paid.

## Who should complete this form?

You should complete this form before you start to receive payments from a new payer – for example:

- payments for work and services as an employee, company director or office holder
- payments under return-to-work schemes, labour hire arrangements or other specified payments
- benefit and compensation payments
- superannuation benefits.

! You need to provide all information requested on this form. Providing the wrong information may lead to incorrect amounts of tax being withheld from payments made to you.

! You don't need to complete this form if you:

- are a beneficiary wanting to provide your tax file number (TFN) to the trustee of a closely held trust. For more information, visit [ato.gov.au/trustsandtfnwithholding](http://ato.gov.au/trustsandtfnwithholding)
- are receiving superannuation benefits from a super fund and have been taken to have quoted your TFN to the trustee of the super fund
- want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you. You should complete a withholding declaration form (NAT 3093)
- want to claim a zone, overseas forces or invalid and invalid carer tax offset by reducing the amount withheld from payments made to you. You should complete a withholding declaration form (NAT 3093).

> For more information about your entitlement, visit [ato.gov.au/taxoffsets](http://ato.gov.au/taxoffsets)




## Section A: To be completed by the payee

### Question 1

#### What is your tax file number (TFN)?

You should give your TFN to your employer only after you start work for them. Never give your TFN in a job application or over the internet.

-  We and your payer are authorised by the *Taxation Administration Act 1953* to request your TFN. It's not an offence not to quote your TFN. However, quoting your TFN reduces the risk of administrative errors and having extra tax withheld. Your payer is required to withhold the top rate of tax from all payments made to you if you do not provide your TFN or claim an exemption from quoting your TFN.

#### How do you find your TFN?

You can find your TFN on any of the following:

- your income tax notice of assessment
- correspondence we send you
- a payment summary your payer issues to you.

If you have a tax agent, they may also be able to tell you.

If you still can't find your TFN, you can:

- phone us on 13 28 61 between 8.00am and 6.00pm, Monday to Friday.

If you phone or visit us, we need to know we are talking to the correct person before discussing your tax affairs. We will ask you for details only you, or your authorised representative, would know.

#### You don't have a TFN

If you don't have a TFN and want to provide a TFN to your payer, you will need to apply for one.

For more information about applying for a TFN, visit [ato.gov.au/tfn](http://ato.gov.au/tfn)

You may be able to claim an exemption from quoting your TFN.


Print X in the appropriate box if you:

- have lodged a TFN application form or made an enquiry to obtain your TFN. You now have 28 days to provide your TFN to your payer, who must withhold at the standard rate during this time. After 28 days, if you haven't given your TFN to your payer, they will withhold the top rate of tax from future payments
- are claiming an exemption from quoting a TFN because you are under 18 years of age and do not earn enough to pay tax, or you are an applicant or recipient of certain pensions, benefits or allowances from the:
  - Department of Human Services – however, you will need to quote your TFN if you receive a Newstart, Youth or sickness allowance, or an Austudy or parenting payment
  - Department of Veterans' Affairs – a service pension under the *Veterans' Entitlement Act 1986*
  - Military Rehabilitation and Compensation Commission.

#### Providing your TFN to your super fund

Your payer must give your TFN to the super fund they pay your contributions to. If your super fund doesn't have your TFN, you can provide it to them separately. This ensures:

- your super fund can accept all types of contributions to your accounts
- additional tax will not be imposed on contributions as a result of failing to provide your TFN
- you can trace different super accounts in your name.

-  For more information about providing your TFN to your super fund, visit [ato.gov.au/supereligibility](http://ato.gov.au/supereligibility)

### Question 2–5

Complete with your personal information.

#### Question 6

##### On what basis are you paid?

Check with your payer if you're not sure.

#### Question 7


##### Are you an Australian resident for tax purposes or a working holiday maker?

Generally, we consider you to be an Australian resident for tax purposes if you:

- have always lived in Australia or you have come to Australia and now live here permanently
- are an overseas student doing a course that takes more than six months to complete
- migrate to Australia and intend to reside here permanently.

If you go overseas temporarily and don't set up a permanent home in another country, you may continue to be treated as an Australian resident for tax purposes.

If you are in Australia on a working holiday visa (subclass 417) or a work and holiday visa (subclass 462) you must place an X in the working holiday maker box. Special rates of tax apply for working holiday makers.


-  For more information about working holiday makers, visit [ato.gov.au/whm](http://ato.gov.au/whm)

If you're not an Australian resident for tax purposes or a working holiday maker, place an X in the foreign resident box, unless you are in receipt of an Australian Government pension or allowance.

Temporary residence can claim super when leaving Australia, if all requirements are met. For more information, visit [ato.gov.au/departaustralia](http://ato.gov.au/departaustralia)

#### Foreign resident tax rates are different

A higher rate of tax applies to a foreign resident's taxable income and foreign residents are not entitled to a tax-free threshold nor can they claim tax offsets to reduce withholding, unless you are in receipt of an Australian Government pension or allowance.

-  To check your Australian residency status for tax purposes or for more information, visit [ato.gov.au/residency](http://ato.gov.au/residency)

## Question 8

### Do you want to claim the tax- free threshold from this payer?

The tax-free threshold is the amount of income you can earn each financial year that is not taxed. By claiming the threshold, you reduce the amount of tax that is withheld from your pay during the year.

Answer yes if you want to claim the tax-free threshold, you are an Australian resident for tax purposes, and one of the following applies:

- you are not currently claiming the tax-free threshold from another payer
- you are currently claiming the tax-free threshold from another payer and your total income from all sources will be less than the tax-free threshold.

Answer yes if you are a foreign resident in receipt of an Australian Government pension or allowance.

Answer no if none of the above applies or you are a working holiday maker.

- ! If you receive any taxable government payments or allowances, such as Newstart, Youth Allowance or Austudy payment, you are likely to be already claiming the tax-free threshold from that payment.
- > For more information about the current tax-free threshold, which payer you should claim it from, or how to vary your withholding rate, visit [ato.gov.au/taxfreethreshold](http://ato.gov.au/taxfreethreshold)

## Question 9

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

Answer yes if you have a HELP, SSL or TSL debt.

Answer no if you do not have a HELP, SSL or TSL debt, or you have repaid your debt in full.

- ! You have a HELP debt if either:
  - the Australian Government lent you money under HECS-HELP, FEE-HELP, OS-HELP, VET FEE-HELP or SA-HELP.
  - you have a debt from the previous Higher Education Contribution Scheme (HECS).

You have a SSL debt if you have an ABSTUDY SSL debt.

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

Answer yes if you have a Financial Supplement debt.

Answer no if you do not have a Financial Supplement debt, or you have repaid your debt in full.

- > For information about repaying your HELP, SSL, TSL or Financial Supplement debt, visit [ato.gov.au/getloaninfo](http://ato.gov.au/getloaninfo)

Have you repaid your HELP, SSL, TSL or Financial Supplement debt?

When you have repaid your HELP, SSL, TSL or Financial Supplement debt, you need to complete a *Withholding declaration* (NAT 3093) notifying your payer of the change in your circumstances.

### ! Sign and date the declaration

Make sure you have answered all the questions in section A, then sign and date the declaration. Give your completed declaration to your payer to complete section B.

## Section B: To be completed by the payer

! Important information for payers – see the reverse side of the form.

### > Lodge online

Payers can lodge TFN declaration reports online if you have software that complies with our specifications.

For more information about lodging the TFN declaration report online, visit [ato.gov.au/lodgetfndeclaration](http://ato.gov.au/lodgetfndeclaration)

## More information

### Internet

- For general information about TFNs, tax and super in Australia, including how to deal with us online, visit our website at [ato.gov.au](http://ato.gov.au)
- For information about applying for a TFN on the web, visit our website at [ato.gov.au/tfn](http://ato.gov.au/tfn)
- For information about your super, visit our website at [ato.gov.au/checkyoursuper](http://ato.gov.au/checkyoursuper)

### Useful products

In addition to this TFN declaration, you may also need to complete and give your payer the following forms which you can download from our website at [ato.gov.au](http://ato.gov.au):

- *Medicare levy variation declaration* (NAT 0929), if you qualify for a reduced rate of Medicare levy or are liable for the Medicare levy surcharge. You can vary the amount your payer withholds from your payments.
- *Standard choice form* (NAT 13080) to choose a super fund for your employer to pay super contributions to. You can find information about your current super accounts and transfer any unnecessary super accounts through myGov after you have linked to the ATO. Temporary residents should visit [ato.gov.au/departaustralia](http://ato.gov.au/departaustralia) for more information about super.

Other forms and publications are also available from our website at [ato.gov.au/onlineordering](http://ato.gov.au/onlineordering) or by phoning 1300 720 092.

### Phone

- Payee – for more information, phone 13 28 61 between 8.00am and 6.00pm, Monday to Friday. If you want to vary your rate of withholding, phone 1300 360 221 between 8.00am and 6.00pm, Monday to Friday.
- Payer – for more information, phone 13 28 66 between 8.00am and 6.00pm, Monday to Friday.

If you phone, we need to know we're talking to the right person before we can discuss your tax affairs. We'll ask for details only you, or someone you've authorised, would know. An authorised contact is someone you've previously told us can act on your behalf.

If you do not speak English well and need help from the ATO, phone the Translating and Interpreting Service on 13 14 50.

If you are deaf, or have a hearing or speech impairment, phone the ATO through the National Relay Service (NRS) on the numbers listed below:

- TTY users – phone 13 36 77 and ask for the ATO number you need (if you are calling from overseas, phone +61 7 3815 7799)
- Speak and Listen (speech-to-speech relay) users – phone 1300 555 727 and ask for the ATO number you need (if you are calling from overseas, phone +61 7 3815 8000)
- Internet relay users – connect to the NRS on [relayservice.gov.au](http://relayservice.gov.au) and ask for the ATO number you need.

If you would like further information about the National Relay Service, phone 1800 555 660 or email [helpdesk@relayservice.com.au](mailto:helpdesk@relayservice.com.au)

### Privacy of information

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](http://ato.gov.au/privacy)

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### Our commitment to you

We are committed to providing you with accurate, consistent and clear information to help you understand your rights and entitlements and meet your obligations.

If you follow our information in this publication and it turns out to be incorrect, or it is misleading and you make a mistake as a result, we must still apply the law correctly. If that means you owe us money, we must ask you to pay it but we will not charge you a penalty. Also, if you acted reasonably and in good faith we will not charge you interest.

If you make an honest mistake in trying to follow our information in this publication and you owe us money as a result, we will not charge you a penalty. However, we will ask you to pay the money, and we may also charge you interest. If correcting the mistake means we owe you money, we will pay it to you. We will also pay you any interest you are entitled to.

If you feel that this publication does not fully cover your circumstances, or you are unsure how it applies to you, you can seek further assistance from us.

We regularly revise our publications to take account of any changes to the law, so make sure that you have the latest information. If you are unsure, you can check for more recent information on our website at [ato.gov.au](http://ato.gov.au) or contact us.

This publication was current at September 2017.

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Canberra  
September 2017

JS 39383



# Tax file number declaration

This declaration is NOT an application for a tax file number.

- Use a black or blue pen and print clearly in BLOCK LETTERS.
- Print X in the appropriate boxes.
- Read all the instructions including the privacy statement before you complete this declaration.

ato.gov.au

## Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

For more information, see question 1 on page 2 of the instructions.

OR I have made a separate application/enquiry to the ATO for a new or existing TFN.

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

2 What is your name?

Title: Mr  Mrs  Miss  Ms

Surname or family name

First given name

Other given names

3 What is your home address in Australia?

Suburb/town/locality

State/territory

Postcode

4 If you have changed your name since you last dealt with the ATO, provide your previous family name.

Once section A is completed and signed, give it to your payer to complete section B.

## Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number?

Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one?

Yes  No

3 What is your legal name or registered business name (or your individual name if not in business)?

4 What is your business address?

Suburb/town/locality

State/territory

Postcode

5 What is your date of birth?

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

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

7 Are you: (select only one)

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

8 Do you want 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

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

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

(b) Do you have a Financial Supplement debt?

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

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

Signature

You MUST SIGN here

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

Once section A is completed and signed, give it to your payer to complete section B.

## Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number?

Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one?

Yes  No

3 What is your legal name or registered business name (or your individual name if not in business)?

4 What is your business address?

Suburb/town/locality

State/territory

Postcode

5 What is your primary e-mail address?

6 Who is your contact person?

Business phone number

7 If you no longer make payments to this payee, print X in this box.

DECLARATION by payer: I declare that the information I have given is true and correct.

Signature of payer

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

Return the completed original ATO copy to:

Australian Taxation Office  
PO Box 9004  
PENRITH NSW 2740

IMPORTANT

See next page for:  
■ payer obligations  
■ lodging online.

Print form

Save form

Reset form

Sensitive (when completed)



30920917



## Payer information

The following information will help you comply with your pay as you go (PAYG) withholding obligations.

### — Is your employee entitled to work in Australia?

It is a criminal offence to knowingly or recklessly allow someone to work, or to refer someone for work, where that person is from overseas and is either in Australia illegally or is working in breach of their visa conditions.

People or companies convicted of these offences may face fines and/or imprisonment. To avoid penalties, ensure your prospective employee has a valid visa to work in Australia before you employ them. For more information and to check a visa holder's status online, visit the Department of Immigration and Border Protection website at [border.gov.au](http://border.gov.au)

### Is your payee working under a working holiday visa (subclass 417) or a work and holiday visa (subclass 462)?

Employers of workers under these two types of visa need to register with the ATO, see [ato.gov.au/whmreg](http://ato.gov.au/whmreg)

For the tax table "working holiday maker" visit our website at [ato.gov.au/taxtables](http://ato.gov.au/taxtables)

## Payer obligations

If you withhold amounts from payments, or are likely to withhold amounts, the payee may give you this form with section A completed. A TFN declaration applies to payments made after the declaration is provided to you. The information provided on this form is used to determine the amount of tax to be withheld from payments based on the PAYG withholding tax tables we publish. If the payee gives you another declaration, it overrides any previous declarations.

### Has your payee advised you that they have applied for a TFN, or enquired about their existing TFN?

Where the payee indicates at question 1 on this form that they have applied for an individual TFN, or enquired about their existing TFN, they have 28 days to give you their TFN. You must withhold tax for 28 days at the standard rate according to the PAYG withholding tax tables. After 28 days, if the payee has not given you their TFN, you must then withhold the top rate of tax from future payments, unless we tell you not to.

### If your payee has not given you a completed form you must:

- notify us within 14 days of the start of the withholding obligation by completing as much of the payee section of the form as you can. Print 'PAYER' in the payee declaration and lodge the form – see 'Lodging the form'.
- withhold the top rate of tax from any payment to that payee.

➤ For a full list of tax tables, visit our website at [ato.gov.au/taxtables](http://ato.gov.au/taxtables)

## Lodging the form

You need to lodge TFN declarations with us within 14 days after the form is either signed by the payee or completed by you (if not provided by the payee). You need to retain a copy of the form for your records. For information about storage and disposal, see below.

You may lodge the information:

- online – lodge your TFN declaration reports using software that complies with our specifications. There is no need to complete section B of each form as the payer information is supplied by your software.
- by paper – complete section B and send the original to us within 14 days.

➤ For more information about lodging your TFN declaration report online, visit our website at [ato.gov.au/lodgetfndeclaration](http://ato.gov.au/lodgetfndeclaration)

## Provision of payee's TFN to the payee's super fund

If you make a super contribution for your payee, you need to give your payee's TFN to their super fund on the day of contribution, or if the payee has not yet quoted their TFN, within 14 days of receiving this form from your payee.

## Storing and disposing of TFN declarations

The TFN Rule issued under the *Privacy Act 1988* requires a TFN recipient to use secure methods when storing and disposing of TFN information. You may store a paper copy of the signed form or electronic files of scanned forms. Scanned forms must be clear and not altered in any way.

If a payee:

- submits a new *TFN declaration* (NAT 3092), you must retain a copy of the earlier form for the current and following financial year.
- has not received payments from you for 12 months, you must retain a copy of the last completed form for the current and following financial year.

### — Penalties

You may incur a penalty if you do not:

- lodge TFN declarations with us
- keep a copy of completed TFN declarations for your records
- provide the payee's TFN to their super fund where the payee quoted their TFN to you.