



Section A: Payee details

Australian business number (ABN) /

Full name of payee (must be an individual)

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Date of birth Day / Month / Year

Trading name (if applicable)

Phone number

Postal address

Suburb/town

State/territory

Postcode

Are you registered for GST (Select one of the boxes) Yes No

Section B: Payer details

Australian business number (ABN) /

Full legal name of the business or organisation

Trading name (if applicable)

Phone number

Postal address

Suburb/town

State/territory

Postcode

Would you be entitled to a full GST input tax credit for supplies from the payee in the absence of this agreement? (Select one of the boxes) Yes No

Section C: Rate of withholding

➤ For information about the withholding rate, refer to [PAYG withholding – voluntary agreements](#) (NAT 3063).

Does the payee have a Commissioner's instalment rate?

Yes The Commissioner's instalment rate is . % ➤ **Go to next question**

No Flat rate of withholding is 20%

Is the Commissioner's instalment rate greater than 20%?

Yes The rate of withholding will be the Commissioner's instalment rate

No We agree the rate of withholding will be (Select one box only) 20% OR Commissioner's instalment rate

Section D: The agreement

We, the undersigned, agree that payments, as described below, made by the payer to the payee are subject to withholding under section 12-55 of schedule 1 Part 2-5 of the *Taxation Administration Act 1953*. The rate of withholding is notified at section C above.

This agreement relates to all payments made for (Indicate the nature of payments):

on or after ^{Day} / ^{Month} / ^{Year}
(Indicate date)

Privacy

For information about your privacy, visit our website at ato.gov.au/privacy

PAYEES DECLARATION

I declare that the information I have given on this form is complete and correct.

Name (print)

Signature

Date

^{Day} / ^{Month} / ^{Year}

PAYERS DECLARATION

I declare that the information I have given on this form is complete and correct.

Name (print)

Position held

Signature

Date

^{Day} / ^{Month} / ^{Year}

⊖ Penalties may be imposed for giving false or misleading information.