

Government

withholding variation

Office July 2013 to 30 June 2014

omplet te the application if you want to vary the rate or amount of pay as you go (PAYG) held from payments made to you for the year ending 30 June 2014. You must also se the *PAYG withholding variation supplement 2014* (NAT 5423) if you have business or non-commercial business or partnership losses.

to the instructions to help you complete this application.

black or blue pen and print clearly in BLOCK LETTERS.

in all applicable boxes.

- Print |

The last date for lodgment is 30 April 2014.	1 2014 applications may be lodged during the income
,	ne year.

2	
-	Your tax file number (TFN)
10	Have you lodged an <i>Employment</i> declaration or <i>TFN declaration</i> with your payer that quotes your TFN?
ω	Your date of birth Bay Month
4	Your name Title: Mr Mrs Mrs Mrs
O 1	Your postal address
	Suburb/town Country if other than Australia
	Your phone numbers (If we need to contact work
•	Authorised contact person who completed the form Phone number Contact C
∞	Your email address
9	Your occupation
_ -	Are you an Australian resident for tax pu Reason for your application
<i>N</i>	Reason codes For more information, see page 4 of the instr

Se	ection B: Your payer's details	Attach your payslip here.
0	If you have more than two payers, attach a separate sheet of paper with the requ	uired details.
PAY	YER 1	
B1(Finishing date 'ear Day Month Year
B2	Have you made a voluntary agreement with this payer to withhold schedule 1 to the TAA 1953? Yes You must complete all relevant details in section G on the PAYG withhold supplement 2014 (NAT 5423) and attach a copy of your voluntary agreement No	
В3	Payer's Australian business number (ABN)	
B 4	Payer's business name	· · · · · · · · · · · · · · · · · · ·
B 5	Pay office postal address (For privacy reasons, this should preferably be a PO	box, locked bag or similar address.)
	· · · · · · · · · · · · · · · · · · ·	
	Suburb/town	State/territory Postcode
B 6	Your pay officer's direct phone number	
B 7	Your payroll ID, employee or policy number	
O retu	The details for B8 to B13 are on your most recent payslip. If you do not complete urned to you.	these items, your application will be
B 8	Gross per pay \$ Do not incluants; for example 1.	de reportable fringe benefits or non-assessable nple, salary sacrifice amounts.
B9	Tax withheld per pay \$	mount shown on your latest payslip.
B10	Pay frequency	
	Weekly Fortnightly Monthly Half-monthly	4-weekly 6-weekly
	2-monthly 3-monthly 4-monthly 6-monthly	Yearly
B11	Dates of last pay and next pay Day Month Year Day Month Year Day Month Year	th Year
	Last pay / / Next pay /	
	If your last pay date shown above at B11 is on or before 30 June 2013, you d	o not need to complete B12 and B13 below.
B12	Gross payments received since 1 July 2013 (As per date of last pay show Include any bonus payments received at this item.	vn at B11 above.) Also include at B12 and
	Tax withheld since 1 July 2013 (As per date of last payment shown at B11 a Include tax withheld from any bonus payments at this item. Do not include foreign tax paid at this item.	R13 the total of vour groce

Section B: Your payer's details - continued Attach your payslip here. PAYER 2 (a) Is this variation to apply to this payer? Go to B1(b). Yes Provide an estimate of the annual gross income and annual tax for this payer. You **do not** need to complete the remainder of this section. Annual gross income Annual tax (b) Will you be receiving payments from this payer for the full year? Starting date Go to B2. Finishing date Yes Month Year Month Year Provide one or both of the following dates. B2 Have you made a voluntary agreement with this payer to withhold amounts under section 12-55 in schedule 1 to the TAA 1953? You must complete all relevant details in section G on the *PAYG withholding variation* supplement 2014 (NAT 5423) and attach a copy of your voluntary agreement. No Payer's Australian business number (ABN) Payer's business name Pay office postal address (For privacy reasons, this should preferably be a PO box, locked bag or similar address.) Suburb/town State/territory Postcode Your pay officer's direct phone number Your payroll ID, employee or policy number **B7** The details for B8 to B13 are on your most recent payslip. If you do not complete these items, your application will be returned to you. Do not include reportable fringe benefits or non-assessable Gross per pay **B**8 \$ amounts; for example, salary sacrifice amounts. Tax withheld per pay This is the amount shown on your latest payslip. **B10 Pay frequency** Weekly Fortnightly Monthly Half-monthly 4-weekly 6-weekly 2-monthly 3-monthly 4-monthly 6-monthly Yearly B11 Dates of last pay and next pay Month Day Month Year Last pay Next pay If your last pay date shown above at B11 is on or before 30 June 2013, you do not need to complete B12 and B13 below. B12 Gross payments received since 1 July 2013 (As per date of last pay shown at B11 above.) Include any bonus payments received at this item. B13 Tax withheld since 1 July 2013 (As per date of last payment shown at B11 above.) Include tax withheld from any bonus payments at this item. Do not include

foreign tax paid at this item.

ection C: Rental details ve your rental details (other than the blication? You must print X in one of the bound	dates available for rent) changed since you lodged your last
	omplete this section as details have already been provided on a previous application
YES T	
New applicant You must complete t	this section for all rental properties or the application will be returned to you.
If you have more than three properties, atta	ach a separate sheet of paper with the required details.
OPERTY 1 Full name/s appearing on title deed (Writ	te the full name/s exactly as it appears on the title deed.)
Address of rental property	
Suburb/town	State/territory Postcode
Date you purchased Day / Month / the property	Is the property Yes No Percentage where owned where we will be not
Dates available Day Month for rent in 2013–14	Year To Day Month Year Year Constructed To Day Month Year Constructed To Day Month Year Constructed
DPERTY 2	4 21 C E
Full name/s appearing on title deed (VVrit	te the full name/s exactly as it appears on the title deed.)
Address of rental property	
Suburb/town	State/territory Postcode
Date you purchased Day / Month / the property	Year Is the property No Percentage % owned %
Dates available Day Month for rent in 2013–14	Year Day Month Year Vear building to
PERTY 3	
Full name/s appearing on title deed (Writ	te the full name/s exactly as it appears on the title deed.)
Address of rental property	
Suburb/town	State/territory Postcode
Date you purchased / Month / [the property	Is the property Yes No Percentage %
Dates available Day Month / for rent in 2013–14	Year Day Month Year To Struction? To Struction? Year Sear Building Constructed

Section D: Investment details

If your investment is related to shares in publicly listed companies, do not list each company. Just write 'OWN SHARE PORTFOLIO' at D1 and the total amount of deductions at D6. For all other investments, provide full details for each investment.

If you have more than two investments, attach a separate sheet of paper with the required details.

Product rulings were introduced to enable the Commissioner to rule publicly on the availability of claimed tax benefits from products. A 'product' refers to an arrangement in which a number of taxpayers individually enter into substantially the same transactions with a common entity or a group of entities. A product ruling provides participants with a binding ruling on the tax consequences of the particular product, but can provide no guarantee as to the commercial viability of the product.

INV D1	ESTMENT 1 Name of investment (Provide the full name, including an	y project numbers or specific year details.)			
D2	Product ruling number or private binding ruling nu	umber (if applicable) /			
D3	Date you initially entered into this investment Day / Month / Year				
D4	Has the Commissioner's discretion been ruled on in your favour, either in a product or private ruling, for this deduction?	Yes What income years to No			
D5	Has a prospectus, an information memorandum or a product disclosure statement been issued for this investment?	Yes Indicate which one. Prospectus Information memorandum Product disclosure statement			
D6	Amount of deduction relating to this investment y	you have included at F2 \$ □			
D7	Number of investment units purchased				
INV	ESTMENT 2				
D1	Name of investment (Provide the full name, including an	y project numbers or specific year details.)			
D2	Product ruling number or private binding ruling number of private binding number o	umber (if applicable) /			
D3	Date you initially entered into this investment	Day Month Year			
D4	Has the Commissioner's discretion been ruled on in your favour, either in a product or private ruling, for this deduction?	Yes What income years to have been ruled on?			
D5	Has a prospectus, an information memorandum or a product disclosure statement been issued for this investment?	Yes Indicate which one. Information memorandum Product disclosure statement			
D6	Amount of deduction relating to this investment y	ou have included at F2 \$			
D 7	Number of investment units nurchased				

Section E: Annual income and tax offsets

The estimates you provide on this application should be the amounts you expect to provide on your 2014 tax return.

	ayments for work and services			
(2) Payments to you as an employee:		A	-><
	(i) total gross annual salary or wages	Do not include	\$	
	(ii) allowances	or non-assessable	\$	
	(iii) overtime	amounts; for example, salary sacrifice amounts.	\$	
	(iv) bonuses	Salary Sacrifice arrivation	\$	- ><
	How do you want Normal tax your bonuses taxed? taken out of bon	1 1		
	Before completing, see 'Bonus pay	ments' on page 3 of the instruc	_	
	(v) commission		\$	
(k) Payment to a company director (director's fo	ees)	\$	-><
(0	e) Payment to an office holder		\$	
((d) Return to work payment		\$	
(6	e) Payment under a labour hire arrangement		\$	-><
(1	Personal services attributed income		\$	-><
((g) Specified payment to performing artist		\$	-><
(1	n) Payments to religious practitioners		\$	-><
(i	Foreign employment income (Enter any foreign foreign tax to be paid on the foreign income	eign tax paid or e at E13.)	\$	- 52
	ustralian government pensions and a	llowances	&	
`	a) Pensions a) Education or training payment or other alloy	Mance	\$	
(1	b) Education or training payment or other allow (for example, Newstart, Austudy payments))	\$	-><
(Compensation, sickness or accident p	ayments	\$	-><
	Australian annuities and superannuati		<u> </u>	
(a) Australian superannuation income streams	(taxed element)	\$	
(o) Australian superannuation income streams	\$		
(c) Superannuation lump sums (taxed element	·)	\$	
(d) Superannuation lump sums (untaxed eleme	ent)	\$	-><
(e) Australian annuities		\$	-5<
5 Employment related payments				
(a) Employment termination payments (ETP). A summary, or an estimated summary from y any ETP tax offset at E13. 	Attach your <i>ETP payment</i> our payer, and also include	\$	
(o) Payment for unused annual leave or unuse (If this is a termination payment, attach a copy		\$	-><

investment deductions at F2(a) to F2(c).

E6 Partnership/trust income or partnership loss

If the amount is a loss, write 'L' in the LOSS box. Attach an estimated profit and loss statement for the period 1 July 2013 to 30 June 2014.

Net income or loss from business

To arrive at this amount, you must complete all relevant income and expense items in section G on the PAYG withholding variation supplement 2014 (NAT 5423). If the amount is a loss, write 'L' in the LOSS box.

If either of these amounts is a loss, complete section H on the PAYG withholding variation supplement 2014 (NAT 5423) or your application may be returned to you.

LOSS

	Interest	\$	· · · · · · · · · · · · · · · · · · ·	\times	
	Gross rent If amounts for rent are included, make sure you have completed section C. Do not put a negative amount. Only include gross rent and claim the deduction at F3.	\$			
	Dividends				
•	(a) Unfranked amount	\$		><	
	(b) Franked amount	\$		><	
	(c) Franking credit	\$			
	Other income Specify the nature of amounts for other income (including net capital gains). I business income or payments covered by a voluntary agreement to withhold and G6, on the PAYG withholding variation supplement 2014 (NAT 5423), res Specify and attach details.	. These	must be included at E7		
₹				.	
	Total income Calculate by adding all the amounts for E1 to E11. If the amount is a loss, write 'L' in the LOSS box.	¢ _			LO
	Tax offsets For example, employment termination payment tax offset, foreign income tax	offset	and zone or overseas force	es tax	x offse
	Tax offsets			es tax	x offse
	Tax offsets For example, employment termination payment tax offset, foreign income tax Do not include franking credits, the 30% private health insurance rebate or the			es tax	x offse
	Tax offsets For example, employment termination payment tax offset, foreign income tax Do not include franking credits, the 30% private health insurance rebate or tl Specify		income tax offset.	es tax	x offse
	Tax offsets For example, employment termination payment tax offset, foreign income tax Do not include franking credits, the 30% private health insurance rebate or the Specify Income tests (a) Reportable fringe benefits (b) Reportable employer superannuation contributions	he low	income tax offset.		x offse
	Tax offsets For example, employment termination payment tax offset, foreign income tax Do not include franking credits, the 30% private health insurance rebate or the specify Income tests (a) Reportable fringe benefits	he low	income tax offset.		x offset
	Tax offsets For example, employment termination payment tax offset, foreign income tax Do not include franking credits, the 30% private health insurance rebate or the Specify Income tests (a) Reportable fringe benefits (b) Reportable employer superannuation contributions (Do not include your payer's 9% compulsory contribution.)	he low	income tax offset.		x offse
	Tax offsets For example, employment termination payment tax offset, foreign income tax Do not include franking credits, the 30% private health insurance rebate or the Specify Income tests (a) Reportable fringe benefits (b) Reportable employer superannuation contributions (Do not include your payer's 9% compulsory contribution.) (c) Exempt foreign employment income Spouse's adjusted taxable income Medicare	\$ \$ \$ \$ \$ \$	income tax offset.		x offse
	Tax offsets For example, employment termination payment tax offset, foreign income tax Do not include franking credits, the 30% private health insurance rebate or the Specify Income tests (a) Reportable fringe benefits (b) Reportable employer superannuation contributions (Do not include your payer's 9% compulsory contribution.) (c) Exempt foreign employment income Spouse's adjusted taxable income Medicare You can claim an exemption from the Medicare levy only in the following circums.)	\$ \$ \$ \$ \$ \$	income tax offset.		x offse
	Tax offsets For example, employment termination payment tax offset, foreign income tax Do not include franking credits, the 30% private health insurance rebate or the Specify Income tests (a) Reportable fringe benefits (b) Reportable employer superannuation contributions (Do not include your payer's 9% compulsory contribution.) (c) Exempt foreign employment income Spouse's adjusted taxable income Medicare You can claim an exemption from the Medicare levy only in the following circum Medicare levy exemption categories	\$ \$ \$ \$ \$ \$	income tax offset.		CODE
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	Tax offsets For example, employment termination payment tax offset, foreign income tax Do not include franking credits, the 30% private health insurance rebate or the Specify Income tests (a) Reportable fringe benefits (b) Reportable employer superannuation contributions (Do not include your payer's 9% compulsory contribution.) (c) Exempt foreign employment income Spouse's adjusted taxable income Medicare You can claim an exemption from the Medicare levy only in the following circum Medicare levy exemption categories You are a blind pensioner or you receive the sickness allowance from Centrelink. You are entitled to full free medical treatment for all conditions under Defence Force arrangements.	s mstand	income tax offset.		
	Tax offsets For example, employment termination payment tax offset, foreign income tax Do not include franking credits, the 30% private health insurance rebate or the Specify Income tests (a) Reportable fringe benefits (b) Reportable employer superannuation contributions (Do not include your payer's 9% compulsory contribution.) (c) Exempt foreign employment income Spouse's adjusted taxable income Medicare You can claim an exemption from the Medicare levy only in the following circum Medicare levy exemption categories You are a blind pensioner or you receive the sickness allowance from Centrelink. You are entitled to full free medical treatment for all conditions under Defence Force arrangements. You are not an Australian resident for tax purposes.	s mstand	income tax offset.		
	Tax offsets For example, employment termination payment tax offset, foreign income tax Do not include franking credits, the 30% private health insurance rebate or the Specify Income tests (a) Reportable fringe benefits (b) Reportable employer superannuation contributions (Do not include your payer's 9% compulsory contribution.) (c) Exempt foreign employment income Spouse's adjusted taxable income Medicare You can claim an exemption from the Medicare levy only in the following circum Medicare levy exemption categories You are a blind pensioner or you receive the sickness allowance from Centrelink. You are entitled to full free medical treatment for all conditions under Defence Force arrang Health Card (Gold Card) or repatriation arrangements. You are a member of a diplomatic mission or consular post in Australia – or a member of a volume a member of a diplomatic mission or consular post in Australia – or a member of a volume a member of a diplomatic mission or consular post in Australia – or a member of a volume a member of a diplomatic mission or consular post in Australia – or a member of a volume a member of a diplomatic mission or consular post in Australia – or a member of a volume a member of a diplomatic mission or consular post in Australia – or a member of a volume a member of a diplomatic mission or consular post in Australia – or a member of a volume a member of a diplomatic mission or consular post in Australia – or a member of a volume a member of a diplomatic mission or consular post in Australia – or a member of a volume a member of a diplomatic mission or consular post in Australia – or a member of a volume a member of a diplomatic mission or consular post in Australia – or a member of a diplomatic mission or consular post in Australia – or a member of a diplomatic mission or consular post in Australia – or a member of a diplomatic mission or consular post in Australia – or a member of a diplomatic mission or consular post in Australia – or a member of a diplomatic mission or consula	s s c s	income tax offset. Pes: or Veterans' Affairs Repatriation		
	Tax offsets For example, employment termination payment tax offset, foreign income tax Do not include franking credits, the 30% private health insurance rebate or the Specify Income tests (a) Reportable fringe benefits (b) Reportable employer superannuation contributions (Do not include your payer's 9% compulsory contribution.) (c) Exempt foreign employment income Spouse's adjusted taxable income Medicare You can claim an exemption from the Medicare levy only in the following circue. Medicare levy exemption categories You are a blind pensioner or you receive the sickness allowance from Centrelink. You are entitled to full free medical treatment for all conditions under Defence Force arrang Health Card (Cold Card) or repatriation arrangements. You are not an Australian resident for tax purposes.	\$ mstand	income tax offset. Pes: or Veterans' Affairs Repatriation		
	Tax offsets For example, employment termination payment tax offset, foreign income tax Do not include franking credits, the 30% private health insurance rebate or the Specify Income tests (a) Reportable fringe benefits (b) Reportable employer superannuation contributions (Do not include your payer's 9% compulsory contribution.) (c) Exempt foreign employment income Spouse's adjusted taxable income Medicare You can claim an exemption from the Medicare levy only in the following circum delicate levy exemption categories You are a blind pensioner or you receive the sickness allowance from Centrelink. You are entitled to full free medical treatment for all conditions under Defence Force arranged the Health Card (Gold Card) or repatriation arrangements. You are not an Australian resident for tax purposes. You are a resident of Norfolk Island. You are a member of a diplomatic mission or consular post in Australia – or a member of with them – and you are not an Australian citizen and you conct ordinarily live in Australia.	\$ mstand	income tax offset. Pes: or Veterans' Affairs Repatriation		

Se	ction F: Annual de	eductions You can	n claim deductions for expense	es incurred in earning your assessable income.				
F1	Work-related expenses	· · · · · · · · · · · · · · · · · ·	7 .					
	(a) Car	\$	For more information, vis					
	(b) Travel	\$	meals not reimbursed by	mple, costs of overnight accommodation, y payer.				
	(c) Home office	\$	activities, but does not on the running expenses	ed in connection with your income producing constitute a 'place of business', only a proportion can be claimed.				
	(d) Self-education	\$	Specify and attach deta					
	(e) Other	\$	-><)					
F2	Investment deductions							
	If you are claiming amount discretion has not been ruled o	s for investment deductions, yn favourably for you, either in a	ou must complete the investn a product or private ruling, you	nent details in section D. If the Commissioner's may not be entitled to this deduction.				
	(a) Investment interest	\$	-><					
	(b) Management fees	\$	Specify and attach deta	ils.				
	(c) Other	\$	-><)					
F3	Expenses related to ren	tal property						
	(a) Interest	\$	For more information	n, visit ato.gov.au				
	(b) Rates and insurance	\$	Expenses of a	capital or private nature are not deductible.				
	(c) Agents commission and management fees	\$	-><					
	(d) Repairs	\$	•><					
	(e) Decline in value of depreciating assets	\$	Do not include	Capital Works deductions at this item.				
	(f) Capital works	\$	Specify and attach deta	ails.				
	(g) Other	\$	•><					
F4	Tax losses of earlier inc	ome years claimed this	s income year \$					
	You cannot claim a tax lo	ss from an earlier income yea	r if your taxable income for the	year ended 30 June 2013 is more than zero.				
F5	Personal superannuatio	n contributions (deduc	tible) \$					
	Do not include salary sac	rifice amount or your employer	contributions.					
F6	Other deductions		a+ af	Specify and attach details.				
	Include any donations, tax aq a non-superannuation annuit	gent fees, deductible amounty by or foreign pension or anni	uity.					
	TOTAL DEDUCTIONS	\$	Calculate by adding	deductions at F1 to F6.				
		Ψ						
	TAXABLE INCOME	\$	LOSS Calculate by from your To t write 'L' in the	taking your Total deductions (
Ta	Taxpayer's declaration							
1								
	We are authorised by tax laws to collect the information requested on this form. For more information, see 'Privacy' on page 2 of the instructions.							
	•	<u> </u>		are responsible for the information d you complete your application.				
all	I declare that: all the information I have given on this application, including any attachments, is true and correct. all the information I have given on this application, including any attachments, is true and correct. all the information I have given on this application, including any attachments, is true and correct. all the information I have given on this application, including any attachments, is true and correct. all the information I have given on this application, including any attachments, is true and correct. all the information I have given on this application, including any attachments, is true and correct. all the information I have given on this application, including any attachments, is true and correct. all the information I have given on this application, including any attachments, is true and correct. All the information I have given on this application, including any attachments, is true and correct. All the information I have given on this application, including any attachments, is true and correct. All the information I have given on this application, including any attachments, is true and correct. All the information I have given on this application, including any attachments, is true and correct.							
SIG	SIGNATURE (applicant's original signature only)							
		Date	Month Year	Send your completed application to: Australian Taxation Office PO Box 3010 PENRITH NSW 2740				

Sensitive (when completed)

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