Australian Government
Australian Taxation Office

Statement by a supplier

Complete this statement if the following applies:

- you are an individual or a business
- you have supplied goods or services to another enterprise (the payer), and
- you are not required to quote an Australia business number (ABN).

HOW TO COMPLETE THE STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Use BLOCK LETTERS and print one character in each box.
- Place **X** in all applicable boxes.

Payers can check ABN records of suppliers by visiting **abr.business.gov.au** or phoning **13 72 26** 24 hours a day, 7 days a week.

Section A: **Supplier details**

Your name

YOUR FULL NAME

Your address

YOUR STREET ADDRESS

Suburb/town: YOUR SUBURB | State/territory: ABC | Postcode: 0123

Reason/s for not quoting an ABN Place **X** in the appropriate box/es.

- ☐ The payer is not making the payment in the course of carrying on an enterprise in Australia.
- ☐ The supplier is an individual aged under 18 years and the payment does not exceed $350 a week.
- ☐ The payment does not exceed $75, excluding any goods and services tax (GST).
- ☐ The supply that the payment relates to is wholly input taxed.
- ☐ The supply is made by an individual or partnership without a reasonable expectation of profit or gain.
- ☐ The supplier is not entitled to an ABN as they are not carrying on an enterprise in Australia.
- ☐ The whole of the payment is exempt income for the supplier.

The supplier is an individual and has given the payer a written statement to the effect that the supply is either:

- ☐ made in the course or furtherance of an activity done as a private recreational pursuit or hobby, or
- ☐ wholly of a private or domestic nature (from the supplier's perspective).

Section B: **Declaration**

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

Under pay as you go (PAYG) legislation and guidelines administered by us, the named supplier is not quoting an ABN for the current and future supply of goods or services for the reason or reasons indicated.

Name of supplier (or authorised person)

YOUR FULL NAME

Signature of supplier (or authorised person)

YOUR SIGNATURE

Daytime phone number

0400000000

Date

Day DD / Month MM / Year YYYY

Penalties apply for deliberately making a false or misleading statement.

Do not send this statement to us.
Give the completed statement to any payer that you are supplying goods or services to. The payer must keep this document with other records relating to the supply for five years.