



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

Grid for entering name details

Your address

Grid for entering address details

Suburb/town

Grid for entering suburb/town

State/territory

Grid for entering state/territory

Postcode

Grid for entering postcode

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)

Grid for entering name of supplier

Signature of supplier (or authorised person)

Signature box

Daytime phone number

Grid for entering daytime phone number

Date

Grid for entering date (Day, Month, Year)

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.