

New Employee Records and TFN Declaration

NB: If you are a non Xero user, please have your Employee complete an ATO TFN Declaration (NAT 3092) Form in addition to the following, and lodge it with the ATO.

Personal Details	
First Name	Enter your legal given name here
Middle Name	Enter your middle name here, if any
Surname	Enter your legal surname here
Gender	Enter your gender here e.g. male, female, non-binary
Date of Birth	Enter your birthday
Home Address	If you have a different postal address, please include it too
Home Phone	Enter your Home phone number when available
Mobile Phone	Please give a valid mobile number
Personal e-mail	This is important to process your super contribution
Emergency Contact Name	Enter the name of the person we can contact in case of emergency
Emergency Contact Number	Enter the phone number, preferably the mobile number

Tax File Number Information	
Tax File Number	Provide your TFN, otherwise higher tax may be withheld from your income. If you do not have a TFN yet, please apply for one prior to starting with the company
<p>OR <input type="checkbox"/> I have made a separate application/enquiry to the ATO for a new or existing TFN.</p> <p>OR <input type="checkbox"/> I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.</p> <p>OR <input type="checkbox"/> I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.</p>	

On what basis are you paid/employment classification?	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
	<input type="checkbox"/> Labour Hire	<input type="checkbox"/> Casual

Are you an Australian Resident for Tax Purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if NO, your next answer MUST also be NO) <input type="checkbox"/> Still Earning Residency <input type="checkbox"/> On a work visa (Please attach copy of your Visa)
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Do you want to claim the tax-free threshold? Claim if you are a Resident and employed with only one employer for the year. If you have more than one employer, claim if your total income will be within the threshold.	<input type="checkbox"/> Yes <input type="checkbox"/> No (if NO, your next 2 answers MUST be NO also unless you are a foreign resident claiming a seniors or pensioners, zone or overseas forces tax offset)
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Do you want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you?	<input type="checkbox"/> Yes Complete a <i>Withholding Declaration</i> (NAT 3093), but only if you are claiming the tax-free threshold from this payer. If you have more than one payer, call the ATO on 1300 360 221. <input type="checkbox"/> No
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Do you want to claim a zone, overseas forces, dependent spouse or dependent (invalid and carer) tax offset by reducing the amount withheld from payments made to you?	<input type="checkbox"/> Yes Complete a <i>Withholding Declaration</i> (NAT 3093) <input type="checkbox"/> No
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Do you have any accumulated Higher Education Loan (HELP) debt?	<input type="checkbox"/> Yes Your payer will withhold additional amounts to cover any compulsory repayments that may be raised on your notice of assessment. <input type="checkbox"/> No
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Do you have an accumulated Financial Supplement Debt?	<input type="checkbox"/> Yes Your payer will withhold additional amounts to cover any compulsory repayments that may be raised on your notice of assessment. <input type="checkbox"/> No
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Declaration

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

Signature

Date Enter date here

Please note – there are Australian Taxation Office penalties for deliberately making a false or misleading statement.

Banking Details

Bank

Provide your bank details where you would like your salary to be credited

Account Name

Click or tap here to enter text.

BSB

Enter text here

Account Number

Enter text here

Please ensure you **only complete one** of the following in relation to your Superannuation Fund Details.

Industry Superannuation Fund

Fund Name

Please complete this part if you have Regulated Superannuation Fund

Address

Click or tap here to enter text.

Membership Number

Ensure to provide the correct number

USI

Obtain from your service provider or superfund lookup

Self-Managed Superannuation Fund (SMSF)

Fund Name

Complete this part if you have your own super fund

Address

Click or tap here to enter text.

Membership Number

Ensure to provide correct number

SPIN

Only if available

ABN

This field is required

Bank

Please provide your bank details

Account Name

Click or tap here to enter text.

BSB

Enter text here

Account Number

Enter text here

Electronic Service Address

Please request this from your SMSF administrator

FOR OFFICE USE ONLY (to be completed and signed by the Employer)

Pay Details	
Annual Salary / \$Hourly Rate	Please indicate if you have entered a different period for salary
Usual weekly hours worked	Please indicate if you have entered a different period for hours worked
Date Employment Commenced	First day of employment
Payroll period payout	Indicate if paid Weekly, Fortnightly, Monthly, other period
Initial Payroll Instructions	Indicate instructions for initial pay, e.g. days adjustment, etc
Allowance Entitlement	Indicate if employee is given allowances
Leave Accrual Eligibility	<input type="checkbox"/> Yes Will be given 4weeks Annual leave and 10days Sick leave? <input type="checkbox"/> No <input type="checkbox"/> Others, Please specify If yes, please advise when the accrual should start <input type="checkbox"/> Day 1 of employment <input type="checkbox"/> After probationary period of Insert number of months here
Leave Loading Eligibility	<input type="checkbox"/> Yes Eligible for extra pay of 17.5% of normal pay? <input type="checkbox"/> No
Xero Access	<input type="checkbox"/> My Payroll <input type="checkbox"/> Leave Approver <input type="checkbox"/> Timesheet Approver <input type="checkbox"/> Others Please specify

Company Office Declaration	
<i>I declare that the information I have given is complete and correct.</i>	
Signature	Date Enter date here