



Taxable payments annual report

INSTRUCTIONS FOR COMPLETING THIS FORM

- Print clearly in BLOCK LETTERS using a black pen.
Complete each section of this form.
Read, sign and date the declaration.
Do not include cents, use whole dollars (\$) only.
Do not attach any other papers to the completed form.
For instructions on completing this form, visit ato.gov.au/taxablepaymentsreporting

LODGING YOUR REPORT

Remove the instructions from the front of this form. Complete and send this form by 28 August to:

Australian Taxation Office
PO Box 3128
PENRITH NSW 2740



Only original ATO forms are acceptable. Do not send photocopies or scanned forms, spreadsheets or other printed documents. If you have more than nine contractors to report, you will need to complete additional forms including the payer section.

If you are amending an annual report you have already sent, place X in this box.

Annual report for year ending 30 June

Section A: Payer details - this is the business that made the payment

Australian business number (ABN) Branch number

Name (registered business name)

Grid for entering business name

Address (street number and street name or postal address)

Grid for entering address

Suburb/town/locality State/territory Postcode

Contact name

Grid for entering contact name

Contact mobile phone number or other phone number

Grid for entering phone number

Contact email address

Grid for entering email address

Section B: Declaration This section must be completed by an individual authorised by the payer.

Before you sign this report

Check that you have provided accurate and complete information.

Penalties

Be aware that penalties may be imposed for giving false or misleading information.

Privacy

Tax law authorises us to collect information and disclose it to other government agencies. This includes personal information of the person authorised to sign the declaration. For information about your privacy, go to ato.gov.au/privacy

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

Signature

Signature box

Date

Date grid (Day / Month / Year)



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Do not add or remove payee pages

Payer ABN

## Section C: Payee details – these are the businesses or contractors you have paid

**PAYEE ONE**

ABN

Phone number

**Business name** (registered business name as shown on invoice)

OR

**Individual's name or family name** (person's name as shown on invoice)

First given name

Other given name/s

**Address** (street number and street name or postal address)

Suburb/town/locality

State/territory

Postcode

Total tax withheld where  
ABN was not quoted

Total GST

Gross amount paid  
(including GST plus any tax withheld)

\$  ,   ,

\$  ,   ,

\$  ,   ,

**PAYEE TWO**

ABN

Phone number

**Business name** (registered business name as shown on invoice)

OR

**Individual's name or family name** (person's name as shown on invoice)

First given name

Other given name/s

**Address** (street number and street name or postal address)

Suburb/town/locality

State/territory

Postcode

Total tax withheld where  
ABN was not quoted

Total GST

Gross amount paid  
(including GST plus any tax withheld)

\$  ,   ,

\$  ,   ,

\$  ,   ,

**PAYEE THREE**

ABN

Phone number

**Business name** (registered business name as shown on invoice)

OR

**Individual's name or family name** (person's name as shown on invoice)

First given name

Other given name/s

**Address** (street number and street name or postal address)

Suburb/town/locality

State/territory

Postcode

Total tax withheld where  
ABN was not quoted

Total GST

Gross amount paid  
(including GST plus any tax withheld)

\$  ,   ,

\$  ,   ,

\$  ,   ,



Payer ABN

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Do not add or remove payee pages



**PAYEE FOUR**

ABN

Phone number

**Business name** (registered business name as shown on invoice)

OR

**Individual's name or family name** (person's name as shown on invoice)

First given name

**Address** (street number and street name or postal address)

Suburb/town/locality

State/territory

Postcode

**Total tax withheld where ABN was not quoted**

**Total GST**

**Gross amount paid (including GST plus any tax withheld)**

**PAYEE FIVE**

ABN

Phone number

**Business name** (registered business name as shown on invoice)

OR

**Individual's name or family name** (person's name as shown on invoice)

First given name

**Address** (street number and street name or postal address)

Suburb/town/locality

State/territory

Postcode

**Total tax withheld where ABN was not quoted**

**Total GST**

**Gross amount paid (including GST plus any tax withheld)**

**PAYEE SIX**

ABN

Phone number

**Business name** (registered business name as shown on invoice)

OR

**Individual's name or family name** (person's name as shown on invoice)

First given name

**Address** (street number and street name or postal address)

Suburb/town/locality

State/territory

Postcode

**Total tax withheld where ABN was not quoted**

**Total GST**

**Gross amount paid (including GST plus any tax withheld)**



