

ACT REVENUE OFFICE APPLICATION FOR PAYROLL TAX REGISTRATION

Payroll Tax Act 1987

Please Note

- Any employer who lodged a return in relation to June 2006 has been deemed registered and is <u>not</u> required to complete this form. If your registration has been cancelled and you have again become liable to payroll tax, you are required to register again and complete this form.
- Please lodge the application promptly ACT employers must apply for registration within seven days after the end of a month in which the total of all taxable wages paid or payable in Australia exceeds the determined threshold amount. Late lodgement of this application may result in penalties.
- Giving false or misleading information is a serious offence (Part 3.4 of the Criminal Code 2002).

PLEASE PRINT DETAILS CLEARLY

Client Number (If you are already or duty, please p	regis	stere	ed wi																			
Employer Detail	Employer Details																					
Name of Company,	ı					ı					ı			1	ı	ı		ı				
Association, Trustee, Partnership/Joint	ı	l	ı	ı	ı	ı	ı	ı	ı	I	1	ı	ı	ı	I	l	I	l	ı	ı		
Venture or Individual			ı	1	ı	ı	ı		ı	ı	1	1	ı	ı	1	1	ı		ı	ı		
(full legal name - write on a separate sheet if there is														1	1							
insufficient room provided)											1				ı							
Trading Name or Trust Name			ı		ı	ı		1	ı	ı			ı	1			ı	1				
ABN	ı	1		l		1	ı	ı	1	L			ACN		1	ı	ı	ı	ı	ı		
Postal Address for Service of Notices			I	 		 	1	1	1	1	1	 	 	-	1	l Po	l	ı ı de		1		,
Contact Officer			ı	ı	ı						1		ı	1	ı						<u> </u>	
Telephone	L					1		1				Fax		ı		ı	ı	ı				
Email Address		l	L		ı	ı			1	ı	1		ı	ı	ı	ı	ı	ı	ı	ı		
Month and year in which your business commenced trading in the ACT							l (mor	l nth)	1			,-	l		 (year)	ı						
Month and year in which your business first became liable to ACT payroll tax									(mo	l nth)	J				ı	1		ı				

Employment in Australia									
Please indicate if you are an empl	oyer in:								
NSW VIC	QLD	SA	WA	TAS	NT				
	IND	USTRY TYPE							
Choose from the following by	circling the nu	umber that best de	escribes the nature o	of your busi	ness:				
01 AGRICULTURE	07 COM	MUNITY SERVICES	11	COMMUNIC	ATION				
02 MINING					TRICITY/GAS/WATER				
03 MANUFACTURING		ER SERVICES	13		NMENT AUTHORITY/				
04 TRANSPORT/STORAGE	09 FINAN	NCE/PROPERTY/		GOVERNME	ENT BUSINESS				
05 CONSTRUCTION	BUSII	NESS SERVICES		ENTERPRIS	SE				
06 WHOLESALE/RETAIL	10 PUBL	IC ADMISTRATION/	14	OTHER					
05 CONSTRUCTION	DEFE	NCE							
Number of employees									
ACT employees (full time equivalents)	Total	in Australia (full time	equivalents)					
Name			Address		Title				
	(if space is ins	ufficient attach a sepa	arate schedule)						
List all shareholder's names, types o	f shares held ar	nd percentage of sh	ares held						
Shareholder's Name		Type	e of Shares Held	F	Percentage of Total				
		- 7 -			Shares Held				
	(if space is ins	ufficient attach a sepa	arate schedule)						
Are you a member of a group?				Y	'es / No				

List employers who pay wages in the Australian Capital Territory and constitute a group within the meaning of the *Taxation Administration Act 1999:*

Client Reference Number	Name	Address	Date on which employer became a member of this group

(if space is insufficient attach a separate schedule)

If there are any other members of the group who do not pay wages, or who only pay wages outside of the Australian Capital Territory, please provide the following information:

Client Reference Number	Name	Address	Date on which employer became a member of this group

(if space is insufficient attach a separate schedule)

Wages and business activity

Complete the following table below, providing the applicable ACT wages, Australia-wide wages and total group's Australia-wide wages (where applicable) in respect of the past five financial years.

For your information, total wage figures should include all taxable wages for payroll tax purposes, ie: salaries, wages, allowances, bonuses, commissions, superannuation, fringe benefits, directors fees, service contracts (certain payments to contractors/subcontractors/consultants etc that are liable for payroll tax purposes) etc.

Financial year	Your total ACT wages \$	Your total Australia-wide wages \$	The total group's Australia-wide wages \$ (where applicable)

Declaration

We rely on the information provided in this application to register the employer for payroll tax and to determine if a payroll tax assessment is required. Please make sure that the information provided is correct.

Under Part 3.4 of the *Criminal Code 2002* (False or misleading statements, information and documents), the maximum level of punishment is 100 penalty units and/or imprisonment for 1 year.

l,		of		_ declare that the
	(full name)		(name of employer or firm acting for employer)	
informatio	on provided in this application i	is true and co	rrect.	
	Date	·	Signature	

PRIVACY STATEMENT

The information requested in this form is required by the ACT Revenue Office to determine your ACT payroll tax liability. Collection of this information is authorised by the *Payroll Tax Act 1987* and the *Taxation Administration Act 1999*. The information can only be disclosed to another party in the circumstances outlined in the *Taxation Administration Act 1999*.