



ACT Revenue Office
Department of Treasury

Payroll Tax Act 1987

Application to nominate a Designated Group Employer (DGE) or a Joint Return Lodger (JRL) for ACT Payroll Tax

An ACT employer which is part of a group, may claim the group's entitlement to the ACT proportion of the tax-free threshold, **provided** it is an approved Designated Group Employer (DGE).

An applicant for DGE status (or an existing approved DGE) may also apply to become a Joint Return Lodger (JRL) for itself and other ACT group members.

COMPLETE ALL SECTIONS OF THE FORM

Client Reference Number	If already registered with the ACT Revenue Office for any other tax or duty, provide the existing client reference number	
ACT Payroll Tax Group No.	Provide if known	

SECTION A: Nomination of a Designated Group Employer – Name of Company, Association, Trustee, Partnership/Joint Venture or Individual (full legal name - if space is insufficient attach a separate sheet)

ABN		ACN	
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Trading Name or Trust Name	
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ACT Business address	
Postal address (for Service of Notices)	

Contact Officer			
Telephone		Facsimile	
Email address			

SECTION B: Application to nominate the DGE identified above as the JRL

Do you nominate the DGE identified above to be the JRL for **all** the ACT group members listed on this form?

YES	NO
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SECTION C: List other ACT Group Members paying wages in the ACT (if space is insufficient attach a separate schedule)

Client Ref. No.	Legal Name	ABN	Date of joining group

List other Group Members outside the ACT (if space is insufficient attach a separate schedule)

Legal Name	ABN	Date of joining group

SECTION D: Declaration - The ACT Revenue Office relies on the information provided in this application to establish a DGE or a JRL for ACT payroll tax purposes. Please ensure the information provided is correct.

The [Criminal Code 2002](#) contains serious offence provisions for making, giving or producing false or misleading statements, information or documents for which the maximum penalty is 100 penalty units or imprisonment for one (1) year or both, and 500 penalty units or imprisonment for five (5) years or both if the false statement is knowingly made in a statutory declaration.

I, _____, _____
 (full name) (position)

of _____
 (name of employer or firm acting for employer)

declare that the information provided in this application is true and correct.

This nomination is to take effect from (dd/mm/yyyy) _____

Application Date: _____ Signature: _____

Mail the completed forms to	ACT Revenue Office PO Box 252 CIVIC SQUARE ACT 2608
Or send by facsimile to	(02) 6207 0090
Phone enquiries	(02) 6207 0079 (02) 6207 0088

Privacy - The information in this form is required by the ACT Revenue Office to determine your ACT payroll tax liability and 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](#). In addition, personal information provided to the ACT Revenue Office is protected by the [Privacy Act 1988](#) (Cwlth). Information (including personal information) is not disclosed to any third party unless authorised by law or with the consent of the person involved.