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 | |
| **Full Name** | Enter your full legal name here |
| **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 |

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| 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 | | |
| **OR**  I have made a separate application/enquiry to the ATO for a new or existing TFN. | | | |
| **OR**  I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.  **OR**  I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax. | | | |
|  | |  | |
| **On what basis are you paid/employment classification?** | | Full Time  Labour Hire | Part Time  Casual |
|  | |  | |
| **Are you an Australian Resident for Tax Purposes?** | | Yes  No (if NO, your next answer MUST also be NO)  Still Earning Residency  On a work visa (Please attach copy of your Visa) | |
| **Do you want to claim the tax-free threshold?**  *Only claim the tax free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.* | | Yes  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) | |
| **Do you want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments  made to you?** | | Yes Complete a *Withholding Declaration* (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.  No | |
| **Do you want to claim a zone, overseas forces, dependant spouse or dependant (invalid and carer) tax offset by reducing the amount withheld from payments made to you?** | | Yes Complete a *Withholding Declaration* (NAT 3093)  No | |
|  | |  | |
| **Do you have any accumulated Higher Education Loan  (HELP) debt?** | | Yes Your payer will withhold additional amounts to cover any compulsory repayments that may be raised on your notice of assessment.  No | |
| **Do you have an accumulated Financial Supplement Debt?** | | Yes Your payer will withhold additional amounts to cover any compulsory repayments that may be raised on your notice of assessment.  No | |

|  |  |
| --- | --- |
| 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** | Yes Will be given 4weeks Annual leave and 10days Sick leave?  No  Others, Please specify  If yes, please advise when the accrual should start  Day 1 of employment  After probationary period of Insert number of months here |
| **Leave Loading Eligibility** | Yes Eligible for extra pay of 17.5% of normal pay?  No |
| **Xero Access** | My Payroll  Leave Approver  Timesheet Approver  Others Please specify |

|  |  |
| --- | --- |
| Company Office Declaration | |
| *I declare that the information I have given is complete and correct.* | |
| **Signature** | **Date** Enter date here |