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 |

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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.**  |

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| 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 |

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| 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)**

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| 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 specifyIf 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 |

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