

Australian Government

PAYG withholding variation application 2018

Australian Taxation Office

Complete the application if you want to vary the rate or amount of pay as you go (PAYG) tax withheld from payments made to you for the year ending 30 June 2018.

Read the instructions in Form Help or refer to ato.gov.au/variationinstructions to help you complete the e-variation.

e	THE LAST DATE FOR L	ODGING YOUR 2018 APPLICATION IS 30 APRIL 2018.
	Section A — Y	our details 1
1.	Tax file number (TFN)	(It is not an offence not to provide your TFN. However, you must provide your TFN to lodge your application electronically.)
2.		Employment declaration or TFN declaration with your payer that quotes your TFN?
		 Under 18 years old and earn below the tax-free threshold Pension recipient
3.	Date of birth	
4.	Name Title	
	Surname	
	Given names	
5.	Postal address	
	Street	
	Suburb/town	State/ territory Postcode
	Country	AUSTRALIA
6.	Phone number(s) If w	/e need to contact you about your application, it is quicker by phone.
	Work () Home ()
	Mobile	
	Email address	
7.	Authorised contact pl	hone number and name (only if this application is not completed by you)
	By completing this item y	you are authorising us to deal with this person as the first point of contact.
	Phone number (
	Contact name	
8.	Tax agent's registration number	(only if this application is completed by your tax agent)
9.	Occupation	
10.	Overpayment amount	If applicable) HELP \$ Financial Supplement \$
11.	Are you an Australian	resident for tax purposes? Yes O No O
12.	Reason for your application	
13.	Reason codes (see the	e instructions for a list of the codes)
NA	T 2036—04.2012	IN CONFIDENCE - when completed

	Section B — Your payer's details 2
Pa	yer 1 Please print in BLOCK LETTERS in ink.
	Is this variation to apply to this payer? Yes If Yes, go to question 1b. No If No, provide an estimate of the annual gross income and annual tax for this payer, then go to the next page. Annual gross income Annual tax
1b.	Will you be receiving payments from this payer for the full year?
	Yes O If Yes, go to question 2.
	No O If No, provide one or both of the following dates
	Starting date Finishing date
2.	Have you made a voluntary agreement with this payer?
-	Yes O If Yes, you must complete all relevant details in section G and attach a copy of your voluntary agreement. No O
3. 4.	Payer's Australian business number (ABN)
5.	Pay office postal address (For privacy reasons, this should preferably be a PO box, locked bag or similar address. We may not use the address you provide if we determine that it is not the payer's preferred address.)
	Suburb/town State/ Postcode Postcode
	Country AUSTRALIA
6.	Your pay officer's direct phone number 7. Your payroll ID, employee or policy number
	If your application is to vary the amount to be withheld from your allowances only, you need only to provide details of allowances below, the expenditure at section F, question 1 then sign the declaration and transmit your application.
8.	Allowance type
	Total annual allowance \$ Annual percentage expended Mork-related expenses divided by total annual allowance multiplied by 100.
0	The details for items 9-14 are on your most recent payslip.
9.	Gross pay per period \$ Do not include reportable fringe benefits amounts. For example, salary sacrifice amounts
10.	Tax withheld per pay \$
11.	Pay frequency Weekly O Fortnightly O Monthly O ½ monthly O 4-weekly O
12.	2-monthly 3-monthly 4-monthly 6-monthly Yearly Dates of last pay and next pay Last pay Next pay Image: Comparison of the second seco
0	If your last pay date shown above at item 12 is on or before 30 June 2017, you do not need to complete items 13 and 14 below.
13.	Gross pay received since 1 July 2017 (as per date of last pay in item 12 above)
	Include any bonus payments received at this item \$
14.	Tax withheld since 1 July 2017 (as per date of last pay in item 12 above) Include tax withheld from any bonus payments at this item the total of your gross assessable payments received and tax withheld since 1 July 2017 for any previous payers.

	Section B — Your payer's details (continued) 3
Pay	yer 2 Please print in BLOCK LETTERS in ink.
	Is this variation to apply to this payer?
	Yes O If Yes, go to question 1b.
	No C If No, provide an estimate of the annual gross income and annual tax for this payer, then go to the next page.
	Annual gross income \$ Annual tax \$
1b.	Will you be receiving payments from this payer for the full year?
	Yes O If Yes, go to question 2.
	No C If No, provide one or both of the following dates
	Starting date Finishing date
2.	Have you made a voluntary agreement with this payer?
	Yes O If Yes, you must complete all relevant details in section G and attach a copy of your voluntary agreement.
	No O
3.	Payer's Australian business number (ABN)
4.	Payer's business name
5.	Pay office postal address address (For privacy reasons, this should preferably be a PO box, locked bag or
	similar address. We may not use the address you provide if we determine that it is not the payer's preferred address.)
	Suburb/town State/ Postcode
	Country AUSTRALIA
~	
6.	Your pay officer's direct phone number 7. Your payroll ID, employee or policy number
	If your application is to vary the amount to be withheld from your allowances only, you need only to provide details of allowances below, the expenditure at section F, question 1 then sign the declaration
	and transmit your application.
8.	Allowance type
-	Total annual allowance \$ Annual percentage expended % Work-related expenses divided by to
0	annual allowance multiplied by 100.
U	The details for items 9-14 are on your most recent payslip.
9.	Gross pay per period \$ Do not include reportable fringe benefits amounts. For example, salary sacrifice amounts
10.	Tax withheld per pay \$
11.	Pay frequency Weekly O Fortnightly O Monthly O ½ monthly O 4-weekly O
	2-monthly O 3-monthly O 4-monthly O 6-monthly O Yearly O
12.	Dates of last pay
12.	and next pay Last pay Next pay
0	If your last pay date shown above at item 12 is on or before 30 June 2017, you do not need to complete items 13 and 14 below.
13.	Gross pay received since 1 July 2017 (as per date of last pay in item 12 above)
	Include any bonus payments received at this item \$
14.	Tax withheld since 1 July 2017 (as per date of last pay in item 12 above)
	Include tax withheld from any bonus payments at \$

Payer 3 Please print in BLOCK LETTERS in ink. 1a. Is this variation to apply to this payer? Yes Yes If Yes, go to question 1b. No If No, provide an estimate of the annual gross income and annual tax for this payer, then go Annual gross income Annual gross income Annual tax \$ 1b. Will you be receiving payments from this payer for the full year? Yes If Yes, go to question 2. No If No, provide one or both of the following dates Starting date Finishing date 2. Have you made a voluntary agreement with this payer? Yes If Yes, you must complete all relevant details in section G and attach a copy of your voluntar No 3. Payer's Australian business number (ABN) I 4. Payer's business name I	y agreement.
 Yes If Yes, go to question 1b. No If No, provide an estimate of the annual gross income and annual tax for this payer, then go annual gross income and annual tax for this payer, then go annual gross income and annual tax for this payer, then go annual gross income and annual tax for this payer, then go annual gross income and annual tax for this payer, then go annual gross income and annual tax for this payer, then go annual gross income and annual tax for this payer, then go annual gross income and annual tax for this payer, then go annual gross income and annual tax for this payer, then go annual gross income and annual tax for this payer, then go annual gross income and annual tax for this payer, then go annual gross income and annual tax for this payer, then go annual gross income and annual tax for this payer, then go annual gross income and annual tax for this payer, then go annual gross income and annual tax for this payer, then go annual gross income and annual tax for this payer, then go annual gross income and annual tax for this payer, then go annual gross income and annual tax for this payer, then go annual gross income and annual tax for this payer, and for the following dates. No If No, provide one or both of the following dates. Starting date	y agreement.
 No If No, provide an estimate of the annual gross income and annual tax for this payer, then go Annual gross income Annual gross income Annual tax for this payer, then go Annual gross income Annual gross income Annual tax Annual gross income Annual gross income Annual gross income Annual tax Annual tax Annual tax Annual tax Annual gross income Annual gross income Annual gross income Annual gross income Annual tax Annual tax Annual tax Annual gross income Annual tax Annual tax Annual tax Annual gross income Annual gross income Annual tax Annual gross income Annual gross income Annual gross income Annual tax Annual tax Annual tax Annual gross income Annual tax Annual gross income Annual gross income Annual tax Annual tax	y agreement.
Annual gross income \$ Annual tax \$ 1b. Will you be receiving payments from this payer for the full year? Yes O If Yes, go to question 2. No O If No, provide one or both of the following dates Starting date Finishing date 2. Have you made a voluntary agreement with this payer? Yes O If Yes, you must complete all relevant details in section G and attach a copy of your voluntar No O If Yes, you must complete all relevant details in section G and attach a copy of your voluntar No O If Yes, Yes Nustralian business number (ABN) /	y agreement.
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 Starting date	d bag or similar
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No O 3. Payer's Australian business number (ABN) /	d bag or similar
3. Payer's Australian business number (ABN)	
4. Payer's business name	
5. Pay office postal address (For privacy reasons, this should preferably be a PO box, locked	s preferred
address. We may not use the address you provide if we determine that it is not the payer's address.)	
Suburb/town State/ Pos	stcode
Country AUSTRALIA	
6. Your pay officer's direct phone number 7. Your payroll ID, employee or po	olicy number
If your application is to vary the amount to be withheld from your allowances only, you ne	ed only to
provide details of allowances below, the expenditure at section F, question 1 then sign the and transmit your application.	e declaration
8. Allowance type	
	l expenses divided by tota ance multiplied by 100.
The details for items 9-14 are on your most recent payslip.	
9. Gross pay per period \$ Do not include reportable fringe benefits	
10. Tax withheld per pay \$ 10. Tax withheld per pay	
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	ekly O
	early O
12. Dates of last pay and next pay Last pay Next pay	
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13. Gross pay received since 1 July 2017 (as per date of last pay in item 12 above)	
Include any bonus payments received at this item \$	
14. Tax withheld since 1 July 2017 (as per date of last pay in item 12 above)	
Include tax withheld from any bonus payments at this item	

Section C — Rental details

Have your rental details (other than the dates available for rent) changed since you lodged your last application? You must select one of the boxes below.

No O	You do not need to	complete this	section. Go to	section D.		
Yes 〇	I have purchased ac	ditional renta	al properties.			
Yes 〇	I have sold rental pro	operties.				
Yes 〇	I have sold and purc	hased rental	properties.			
Yes O	details of existing re	ntal propertie	es have change	d.		
New applicant 🔿	You must complete	this section f	or all rental prop	perties.		
Not Applicable 〇	I do not have any re	ntal property	details to enter	. Go to section D.		
Full name(s) appearing on title de	ed					
Address of rental prope						′
Property 1						_
Suburb/to						
				State/territory		Postcode
Date you purchased the prope	irty			Perce	entage owned	
Dates available for rent in 2017-	-18		То		Year building	,
Full name(s) appearing on title de	and and a set					
						'
Address of rental prope Property 2	ity					-
Suburb/to				State/territory		Postcode
Date you purchased the prope	irty			Perce	entage owned	
Dates available for rent in 2017-	-18		То		Year building	,
Full name(s) appearing on title de	and a second sec					
Address of rental prope						'
Property 3	,ity					-
Suburb/to				State/territory		Postcode
Date you purchased the prope				Perce	entage owned Year building	
Dates available for rent in 2017-	-18		То		constructed	,
Full name(s) appearing on title de	ed					
Address of rental prope						
Property 4						-
Suburb/to				State/territer		Postcode
				State/territory	entage owned	ostcode %
Date you purchased the prope		+		Perce	Year building	
Dates available for rent in 2017-	-18		То		constructed	, L

Section D — Investment details

If your investment is related to shares in publicly listed companies, do not list each company. Just write 'Own share portfolio' at item 1 and the total amount of deductions at item 6. For all other investments, provide full details for each investment. If you have more than four investments, attach a separate sheet with the required details.

Product rulings have been introduced to enable the Commissioner to rule publicly on the availability of claimed tax benefits from products. A 'product' refers to an arrangement in which a number of taxpayers individually enter into substantially the same transactions with a common entity or a group of entities. A product ruling provides investors with a binding ruling on the tax consequences of the particular product, but can provide no guarantee as to the commercial viability of the product.

1.	Name of investment provide the full name including any project numbers or specific year details.
2.	Product ruling number or private binding ruling number (if applicable) PR/ 3. Date you initially entered into this investment
4.	Has the Commissioner's discretion been ruled in your favour, either in a product or private ruling, for this deduction? See important note - Non commercial losses in the instructions for this application.
_	No O Yes O If Yes, what income years have been ruled on? Year To year
5.	Has a prospectus or an information memorandum been issued for this investment? No O Yes O If Yes, indicate which one O Prospectus O Information memorandum
6.	Amount of deduction relating to this
<u> </u>	investment you have entered at F2 \$ units purchased
1.	Name of investment — provide the full name including any project numbers or specific year details.
2.	Product ruling number or private binding ruling number (if applicable) PR
4.	Has the Commissioner's discretion been ruled in your favour, either in a product or private ruling, for this deduction? See important note - Non commercial losses in the instructions for this application.
	No O Yes O If Yes, what income years have been ruled on? Year To year
5.	Has a prospectus or an information memorandum been issued for this investment?
	No O Yes O If Yes, indicate which one O Prospectus O Information memorandum
6.	Amount of deduction relating to this investment you have entered at F2 T. Number of investment units purchased
1.	Name of investment — provide the full name including any project numbers or specific year details.
2.	Product ruling number or private binding ruling number (if applicable) PR / 3. Date you initially entered into this investment
4.	Has the Commissioner's discretion been ruled in your favour, either in a product or private ruling, for this deduction? See important note - Non commercial losses in the instructions for this application.
	No O Yes O If Yes, what income years have been ruled on? Year To year
5.	Has a prospectus or an information memorandum been issued for this investment?
6.	No O Yes O If Yes, indicate which one O Prospectus O Information memorandum Amount of deduction relating to this 7. Number of investment
0.	investment you have entered at F2 \$ units purchased
1.	Name of investment — provide the full name including any project numbers or specific year details.
2.	Product ruling number or private binding ruling number (if applicable) PR
4.	Has the Commissioner's discretion been ruled in your favour, either in a product or private ruling, for this deduction? See important note - Non commercial losses in the instructions for this application.
	No O Yes O If Yes, what income years have been ruled on? Year To year
5.	Has a prospectus or an information memorandum been issued for this investment?
	No O Yes O If Yes, indicate which one O Prospectus O Information memorandum
6.	No O Yes O If Yes, indicate which one O Prospectus O Information memorandum Amount of deduction relating to this A 7. Number of investment

Section E — Annual income and tax offsets

The estimates you provide on this application should be the amounts you expect to provide on your 2018 tax return. If your reason code begins in the range 05–17, you must complete this section.

1.	 (a) Payments to you as an employee (i) total gross annual salary or wages (ii) allowances (iii) overtime (iv) bonuses How do you want your bonuses taxed? Normal tax to be taken out of bonuses 	
	See the notes for this item in Form Help	
	(v) commission \$	
	(b) Payment to company director (director's fees)	
	(c) Payment to an office holder \$	
	(d) Return to work payment \$	
	(e) Payment under a labour hire arrangement	
	(f) Personal services attributed income \$	
	(g) Specified payment to performing artist	
	 (h) Payment to religious practitioners (i) Foreign employment income 	
	(i) Foreign employment income (Enter any foreign income tax offset at E13.)	
2. 3. 4.	 (a) Pensions (b) Education or training payment or other allowance (for example, Newstart, Austudy payments) 3. Compensation, sickness or accident payments (c) Sector Content of the sector of	15
_	(e) Australian annuities \$	
5.	 5. Employment related payments (a) Employment termination payments (ETP) \$ 	
	(b) Payment for unused annual leave or unused long service leave \$	
	 For items 6 and 7 If the amount is a loss, you must complete section H. Do not include any losses from investments. Include investment income at item 8 or 10 section E and inv deductions at items 2(a) to 2(c) section F. 	restment
6.		
	If the amount is a loss, enter L in the CODE box and send us an email to ITWvariation@ato.gov.au including the full name of the partnership, the ABN, the naturs of the principal partnership and estimated profit and loss statement for the period 1 July 2017 to 30 June 2018. Do not include your TFN.	ode
7.	To arrive at this amount, you must complete all relevant income and evenence	odo
	items in section G. If the amount is a loss, write L in the CODE box.	ode

	Section E — Annual income and tax offsets (cont	inue	ed) 8
8.	Interest	\$	
9.	Rent	Ψ	
10.	If amounts for rent are included, make sure you complete section C. Only include your portion of the rental income. Do not put a negative amount. Only include gross rent and claim the deduction at F3. Dividends	\$	
	(a) Unfranked amount	\$	
	(b) Franked amount	\$	
	(c) Franking credit	\$	
11.	Other income Specify the details for other income (including net capital gains). Do not include any amounts for business income or payments covered by a voluntary agreement to withhold. These must be included at item 7 section E, and item 6(a) section G. (Specify and attach details.)	\$	
12.	Total income This is calculated by adding all the amounts for items 1-11. If the amount is a loss. L will appear in the CODE box.	4\$	Code
13.	Tax offsets For example, employment termination payment tax offset, foreign income tax offset and zone or overseas forces tax offsets. Do not include franking credits, the private health insurance rebate or the low income tax offset.	\$	
14.	Income Tests		
	(a) Reportable fringe benefits	\$	
	 (b) Reportable employer super contributions (Do not include your payer's compulsory contribution.) 	\$	
	(c) Exempt foreign employment income	\$	
15.	Spouse's adjusted taxable income	\$	
16.	Medicare		
	You can claim an exemption from the Medicare levy only in the following c	ircum	nstances:
	Medicare levy exemption categories.		
	CODE A: You are a blind pensioner or you receive the sickness allowand CODE B:You are entitled to full free medical treatment for all conditions u Veterans' Affairs Repatriation Health Card (Gold Card). CODE C:You are not an Australian resident for tax purposes.		

CODE E:You are a member of a diplomatic mission or consular post in Australia—or a member of such a person's family and you are living with them-and you are not an Australian citizen and you do not ordinarily live in Australia.

For more information about full or half exemption, visit ato.gov.au. Only use codes from the above list.	Exemption Code
(a) Full exemption: estimated number of days	

(b) Half exemption: estimated number of days

Section F — Annual deductions

Provide details of deductions for expenses incurred in earning your assessable income, including the following.

1.	Work related expenses		Con evenence for evenence estral ail registration incurrence remains
	(a) Car	\$	Car expenses, for example petrol, oil, registration, insurance, repairs and maintenance or lease payments. For more information, visit ato.gov.au
	(b) Travel expenses	\$	Travel expenses, for example, cost of overnight accommodation, meals not reimbursed by payer
	(c) Home Office	\$	If the home office is used in connection with your income producing activities, but does not constitute a 'place of business' only a proportion of
	(d) Self education	¢	the running expenses can be claimed.
	(d) Sell education	⊅	Specify and attach details.
	(e) Other	\$	

2. Investment deductions (Do not include expenses related to rental property)

			ns, you must complete the investment details in section D. If the ourably for you, either in a product or private ruling, you may not be
	(a) Investment interest	\$	
	()		
	(b) Management fees	\$	Specify and attach details.
	(c) Other	\$▶	·
3.	Expenses related to renta	al property	
	(a) Interest	\$	
	(b) Rates and insurance	\$	
	(c) Agents commission and management fees	\$	For more information visit ato.gov.au/rentalexpenses
	(d) Repairs	\$	
	 (e) Decline in value of depreciating assets 	\$	Expenses of a capital or private nature are not deductible.
	(f) Capital works	\$	Specify and attach details.
	(g) Other	\$	
4.	Tax losses of earlier income years claimed this income year	\$	 Do not include at this item: this year's rental loss amounts for allowable deferred non-commercial losses (See instructions for completing section H). You cannot claim a tax loss from an earlier income year if your taxable income for the year ended 30 June 2017 is more than zero.
5.	Personal super contributions (deductible	՝՝\$	Do not include salary sacrifice amount or your employer contributions.
		,,	Specify and attach details.
6.	Other deductions Include any donations, tax agent fees, deductible amour annuity or foreign pension or		n
(You must complete items 7	and 8 if your reason cod	es begin in the range 05-17.
7.	TOTAL DEDUCTIONS B	\$	Calculate by adding deductions at F1 to F6.
8.		♥	Calculate by taking your Total deductions (F7)
	(A - B) = C	\$	Away from your Total assessable income (E12). If the amount is a loss, write "L" in the CODE box.
IM	PORTANT - Turn to p	age 11, read and	

ONLY TO BE COMPLETED IF SECTION E ITEM 6 IS COMPLETED

	Section G — Business	details	10
			Have you completed section H to determine
1.	Australian Business Number (AB	N) /	your eligibility to claim business losses? If not, complete section H before you complete section G
2.	(You must complete this item if you Name of main business	are in business or if you answere	ed Yes at item 2 section B.)
۷.	(This must be the same as the nam	e	
	you completed on your ABN registration form.)		
3.	(a) ANZSIC code		
	(b) Description of main business	activity	
4.	Status of business		
		I business O Commercia	al business O
5.	Date business commenced		
6.	Gross business income	9. To	tal expenses
	(a) Payments covered by a voluntary agreement	Ac	d items 8(d) to 8(q). \$
	(b) Other business income (See notes for what to \$	10. Re	econciliation items
	(See notes for what to \$	(a)	Environmental protection \$
	(c) Personal Services Income \$	(b)	Landcare operations
7.	Total gross business income	(5)	and water facilities
	Add items 6(a) to 6(c).	(c)	Other reconciliation \$
8.	Expenses		adjustments
	(a) Opening stock	Φ	et income or loss from business
	(b) Purchases and other costs	\$•	Add Total expenses (item 9) and the sum of Reconciliation items 10(a) to 10(c).
	(c) Closing stock	\$ •	Take this amount away from Total gross
	(d) Cost of sales (a) plus (b) less (c)		business income (item 7). he amount is a loss, print L in the CODE box. You must
	(e) Contractor, subcontractor and commission expenses	\$ co	mplete section H to determine your eligibility to:
	(f) Superannuation expenses	\$ (i)	recoup deferred non-commercial business losses, and/or
	(g) Bad debts	S	claim the loss for the 2017-18 income year.
	(h) Lease expenses		ansfer any net income from business to item 6 ction E to include in your taxable income.
	(i) Rent expenses	\$	
	(j) Interest expenses within Australia	\$	\$ Code
	(k) Interest expenses overseas	\$	
	(I) Depreciation expenses	\$	
	(m) Motor vehicle expenses	\$	
	(n) Repairs and maintenance	\$	
	(o) Total salary or wages or labour expenses	\$	
	(o) Total salary or wages or labour expenses(p) Payments to associated persons	\$	Do not include any deferred non-commercial business