N and J Strawberry Farm Application Form

Personal Details

First name	
Last name	
Preferred name (nickname)	
Gender	
Date of birth	
Mobile number	
Email	
Residential address	
Driver license number	
State issued	
Nationality	
Passport number	
If not Australian, type of visa	
Visa grant number	
Visa expiry date	

Emergency contact

Name	
Mobile number	
Relationship to you	
Residential address.	
Email	

Banking Detail

Bank name	
Bank address	
Account name	
Bank State Branch (BSB)	
Account number (ACC)	

Coronavirus Risk Management	

Do any of the following emergency symptoms apply to you?
  (1) Persistent shortness of breath, severe difficulty breathing that you're unable to talk in sentences.
  (2) Chest pains and exhaustion.
  (3) Suddenly feeling cold with shivering and fever (rigor)
  (4) Persistent fever but not getting better after treatment such as paracetamol, removing excessive clothing, blankets or doonas, drinking extra fluids and resting in a cool room.
  (5) Persistent muscle pain that's so bad walking is impossible.
  (6) Lips or nails are turning grey, blue or pale.
  (7) Drowsy and hard to rouse, persistent sweating.
	YES / NO

Have you recently returned to Australia from overseas for the past 14 days?	YES / NO
Have you been a cruise ship passenger or crew member for the past 14 days?	YES / NO
Have you been in close contact with a person who is a confirmed case of coronavirus (COVID-19) for the past 14 days? (spending more than 15 mins face-to-face or sharing a closed space for more than 2 hours)	YES / NO
If you answered "yes" to either of the above questions, you should give ALL relevant details.	

Declaration and Acknowledgement	
I declare that the information I have given is true and correct. There are penalties for deliberately making a false or misleading statement.	
Applicant's print name	
Signed Date	
Signature	

Australian Government

Australian Taxation Office

ato.gov.au

Tax file number declaration

This declaration is NOT an application for a tax file number.

■ Use a black or blue pen and print clearly in BLOCK LETTERS.
■ Print **X** in the appropriate boxes.
■ Read all the instructions including the privacy statement before you complete this declaration.

Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

❯ For more information, see question 1 on page 2 of the instructions.

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 in receipt of a pension, benefit or allowance. ☐

2 What is your name? Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Surname or family name

First given name

Other given names

3 What is your home address in Australia?

Suburb/town/locality

State/territory   Postcode

4 If you have changed your name since you last dealt with the ATO, provide your previous family name.

5 What is your primary e-mail address?

6 What is your date of birth?

Day / Month / Year

7 On what basis are you paid? (select only one)

Full-time employment ☐ Part-time employment ☐ Labour hire ☐ Superannuation or annuity income stream ☐ Casual employment ☐

8 Are you: (select only one)

An Australian resident for tax purposes ☐ A foreign resident for tax purposes ☐ **OR** A working holiday maker ☐

9 Do you want to claim the tax-free threshold from this payer?

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 ☐ Answer **no** here if you are a foreign resident or working holiday maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

10 Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

Yes ☐ ❯ Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment. No ☐

DECLARATION by payee: *I declare that the information I have given is true and correct.*

Signature

You MUST SIGN here

Date Day / Month / Year

⊖ There are penalties for deliberately making a false or misleading statement.

❗ Once section A is completed and signed, give it to your payer to complete section B.

Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number?

Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one? Yes ☐ No ☐

3 What is your legal name or registered business name (or your individual name if not in business)?

4 What is your business address?

Suburb/town/locality

State/territory   Postcode

5 What is your primary e-mail address?

6 Who is your contact person?

Business phone number

7 If you no longer make payments to this payee, print X in this box. ☐

DECLARATION by payer: *I declare that the information I have given is true and correct.*

Signature of payer

Date Day / Month / Year

⊖ There are penalties for deliberately making a false or misleading statement.

❯ Return the completed original ATO copy to:
Australian Taxation Office
PO Box 9004
PENRITH NSW 2740

❗ IMPORTANT
See next page for:
■ payer obligations
■ lodging online.

Sensitive (when completed)

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Superannuation
Standard choice form

For use by employers when offering employees a choice of fund
and by employees to advise their employer of their chosen fund.

Section A: **Employee to complete**

1 Choice of superannuation (super) fund

I request that all my future super contributions be paid to: (place an X in one of the boxes below)

The APRA fund or retirement savings account (RSA) I nominate ☐ ▶ Complete items 2, 3 and 5

The self-managed super fund (SMSF) I nominate ☐ ▶ Complete items 2, 4 and 5

The super fund nominated by my employer (in section B) ☐ ▶ Complete items 2 and 5

2 Your details

Name

Employee identification number (if applicable)

Tax file number (TFN)

❗ You do not have to quote your TFN but if you do not provide it, your contributions may be taxed at a higher rate. Your TFN also helps you keep track of your super and allows you to make personal contributions to your fund.

3 Nominating your APRA fund or RSA

You will need current details from your APRA regulated fund or RSA to complete this item.

Fund ABN

Fund name

Fund address

Suburb/town   State/territory   Postcode

Fund phone

Unique superannuation identifier (USI)

Your account name (if applicable)

Your member number (if applicable)

Required documentation
You need to attach a letter from your fund stating that they are a complying fund and that they will accept contributions from your employer. Correct information about your super fund is needed for your employer to pay super contributions.

4 Nominating your self-managed super fund (SMSF)

You will need current details from your SMSF trustee to complete this item.

Fund ABN [   ]

Fund name
[   ]

Fund address
[   ]
[   ]

Suburb/town	State/territory	Postcode
[ ]	[ ]	[ ]

Fund phone [   ]

Fund electronic service address (ESA)
[   ]

Fund bank account

BSB code (please include all six numbers) [   ]   Account number [   ]

Required documentation

You need to attach a document confirming the SMSF is an ATO regulated super fund. You can locate and print a copy of the compliance status for your SMSF by searching using the ABN or fund name in the Super Fund Lookup service at http://superfundlookup.gov.au/

If you are the trustee, or a director of the corporate trustee you can confirm that your SMSF will accept contributions from your employer by making the following declaration (place an 'X' in the box below):

[ ] I am the trustee, or a director of the corporate trustee of the SMSF and I declare that the SMSF will accept contributions from my employer.

If you are not the trustee, or a director of the corporate trustee of the SMSF, then you must attach a letter from the trustee confirming that the fund will accept contributions from your employer.

5 Signature and date

If you have nominated your own fund in Item 3 or 4, check that you have attached the required documentation and then place an 'X' in the box below.

[ ] I have attached the relevant documentation.

Signature
[   ]

Date

Day	Month	Year
[ ] /	[ ] /	[ ]

Return the completed form to your employer as soon as possible.

Sensitive (when completed)