

Simply complete this form and email, fax or post the form & your documents to us

PAYG Withholding Variation Checklist

Full Name		Preferred Name	
Date of Birth		Tax File Number (TFN)	
Home Address			
Postal Address			
Email Address			
Occupation			
Spouse's Name		Spouse's Date of Birth	
Spouse's Estimated Taxable Income		Spouse's TFN	
Reason for your PAYG Tax Variation			
<u>Your Employer's Details</u> <i>(please attach a separate sheet for each additional employer this financial year)</i>			
Business Name			
Australian Business Number (ABN)			
Postal Address			
Payroll Phone Number		Payroll / Employee ID Number	
Payment Frequency			
Normal Gross Wage & allowances (per pay)		Tax Withheld (per pay)	
Date of Last Payment		Date of Next Payment	
Gross Wages & Allowances Received since 1st July		Tax Withheld since 1st July	
Estimated Reportable Fringe Benefits for the full year			
Estimated Reportable Superannuation for the full year			
Will you be receiving payments from this employer for the rest of the financial year?			

<u>Your Investment Property Details</u> <i>(please attach a separate sheet for each additional investment property)</i>			
Have you lodged a PAYG Variation Application for this property in a previous year?			
If Yes, have the property details changed since you last lodged the application?			
If Yes, please complete the following details;			
Full Name/s appearing on the title deed			
Address			
Purchase Date		Is the property under construction?	
Your Ownership Percentage %		Year of construction	
Date/s available for rent in			
<u>Your Investment Property Income & Expenditure</u>			
**If the income & expenditure is expected to be similar to last year please attach a copy of last years Tax Return Rental Schedule. Otherwise if you expect significant variations to last year please provide details below;			
Weekly Rent		Number of weeks rented	
Loan Interest		Rates	
Insurance		Agent Fees	
Repairs & Maintenance		Other	
<u>Purchase of New Assets & Renovations & Property Improvements</u> <i>(attach a sheet if more space needed)</i>			
Date	Amount	Details	

Work Related Expenses			
(if you expect WRE to be similar to last year please attach a copy of your last year Tax Return, otherwise provide details below;)			
Motor Vehicle		Travel	
Home Office		Self Education	
Other			
Other Income			
Dividends		Interest	
Other Income			
Estimated Tax Deductible Superannuation Contributions for the full year			
Any Other Relevant Information			

Contact Details:

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