



ACT Revenue Office
Department of Treasury

Payroll Tax Act 1987

Application for Payroll Tax Registration

NOTE: If you lodged a return in relation to June 2006, you have been deemed to be registered for payroll tax purposes and you are not required to complete this form. If your registration has been cancelled and you are again liable to pay payroll tax, you must re-register by completing this form. From 1 July 2006, any employer who becomes liable for ACT payroll tax must register with the Commissioner for ACT Revenue. It is an offence if an employer does not apply to be registered within seven (7) days after the end of a month in which the total of all taxable wages paid or payable in Australia exceeds the determined threshold amount.

NOTE: Giving false or misleading information is a serious offence (Part 3.4 of the *Criminal Code 2002*).

Client Reference Number (If you are already registered with the ACT Revenue Office for any other tax or duty, please provide the client reference number supplied by this office)	
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Employer Details - Name of Company, Association, Trustee, Partnership/Joint Venture or Individual
(full legal name - if space is insufficient attach a separate sheet)

ABN		ACN	
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Trading Name or Trust Name	
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Business address in the ACT	
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Postal address for Service of Notices	
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Contact Officer	
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Telephone		Facsimile	
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Email address	
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Month and year in which your business commenced trading in the ACT	
Month and year in which your business first became liable to ACT payroll tax	

Employment in Australia — indicate the States or Territory you are an employer in.

NSW	VIC	QLD	SA	WA	TAS	NT

Industry type — choose from the following by selecting (x) the number that best describes the nature of your business.

<input type="checkbox"/> 01 AGRICULTURE	<input type="checkbox"/> 09 FINANCE/PROPERTY/BUSINESS SERVICES
<input type="checkbox"/> 02 MINING	<input type="checkbox"/> 10 PUBLIC ADMINISTRATION
<input type="checkbox"/> 03 MANUFACTURING	<input type="checkbox"/> 11 COMMUNICATION
<input type="checkbox"/> 04 TRANSPORT/STORAGE	<input type="checkbox"/> 12 ELECTRICITY/GAS/WATER
<input type="checkbox"/> 05 CONSTRUCTION	<input type="checkbox"/> 13 OTHER
<input type="checkbox"/> 06 WHOLESALE/RETAIL	<input type="checkbox"/> 14 GOVERNMENT AUTHORITIES
<input type="checkbox"/> 07 COMMUNITY SERVICES	<input type="checkbox"/> 15 PUBLIC TRADING ENTERPRISES
<input type="checkbox"/> 08 RECREATION/PERSONAL/OTHER SERVICES	<input type="checkbox"/> 16 GENERAL GOVERNMENT SECTOR

Number of employees

ACT employees (full time equivalents)	Total in Australia (full time equivalents)
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Grouping of employers — list all directors, company secretaries and officers showing full names, address and title.

Name	Address	Title

(if space is insufficient attach a separate schedule)

Shareholders — list all shareholders' names, types of shares held and percentage of shares held – maximum of top 10.

Shareholder's Name	Type of Shares Held	Percentage of Total Shares Held

(if space is insufficient attach a separate schedule)

Are you a member of a group	Yes / No
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If yes, please provide the ACT Payroll Tax Group Number (if known)	
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Nomination of group member as Designated Group Employer (DGE)

The group may select one of its members as the designated group employer by completing the [Designated Group Employer \(DGE\) Nomination Form](#) and lodging it with the Commissioner for ACT Revenue.

Has the group already lodged a completed DGE form?

Yes	Designated Group Employer/Client Ref Number:
No	Attach a completed "Designated Group Employer (DGE) Nomination Form"

List employers who pay wages in the Australian Capital Territory and constitute a group within the meaning of the [Payroll Tax Act 1987](#).

Client Reference Number	Name	Address	Date on which employer became a member of this group

(if space is insufficient attach a separate schedule)

If there are any other members of the group who do not pay wages, or who only pay wages outside of the Australian Capital Territory, please provide the following information.

Client Reference Number	Name	Address	Date on which employer became a member of this group

(if space is insufficient attach a separate schedule)

Wages and business activity

Complete the table below, providing the applicable ACT wages, Australia-wide wages and total group's Australia-wide wages (where applicable) in respect of the past five (5) financial years.

For your information, total wage figures should include all taxable wages for payroll tax purposes i.e. salaries, wages, allowances, bonuses, commissions, superannuation, fringe benefits, directors fees, service contracts (certain payments to contractors/subcontractors/consultants etc that are liable for payroll tax purposes) etc.

Financial year	Your total ACT wages \$	Your total Australia-wide wages \$	The total group's Australia-wide wages \$ (where applicable)

(if space is insufficient attach a separate schedule)

Declaration

We rely on the information provided in this application to register the employer for payroll tax and to determine if a payroll tax assessment is required. Please make sure that the information provided is correct.

The [Criminal Code 2002](#) contains serious offence provisions for making, giving or producing false or misleading statements, information or documents for which the maximum penalty is 100 penalty units or imprisonment for one (1) year or both, and 500 penalty units or imprisonment for five (5) years or both if the false statement is knowingly made in a statutory declaration.

I, _____, _____
 (full name) (position)

of _____
 (name of employer or firm acting for employer)

declare that the information provided in this application is true and correct.

Date: _____ Signature: _____

Payroll tax forms, brochures and other information can be obtained from: www.revenue.act.gov.au

Mail the completed forms to	ACT Revenue Office PO Box 252 CIVIC SQUARE ACT 2608
Or send by facsimile to	(02) 6207 0090
Phone enquiries	(02) 6207 0079 (02) 6207 0088

NOTE:
 Notification of your registration will be processed within ten (10) working days of receiving the completed application. Notification will be in the form of a letter or email and will advise you how and when to lodge the periodic returns and whether any further information is required to determine your liability. If you receive assessments for any outstanding taxes, they must be paid by the due date shown on the notices of assessment.

Privacy

The information in this form is required by the ACT Revenue Office to determine your ACT payroll tax liability and is authorised by the [Payroll Tax Act 1987](#) and the [Taxation Administration Act 1999](#). The information can only be disclosed to another party in the circumstances outlined in the [Taxation Administration Act 1999](#). In addition, personal information provided to the ACT Revenue Office is protected by the *Privacy Act 1988* (Cwlth). Information (including personal information) is not disclosed to any third party unless authorised by law or with the consent of the person involved.