

Tax Equivalent Regime for Government Businesses – Registration Form

Name of Government Business			
Postal address for Service of Notices	Unit number	Suite	Street number
Street name			
Suburb/Town		State	Postcode
Address of place of Central Management	Unit number	Suite	Street number
Suburb/Town		State	Postcode
ABN			
Contact number ()			
Name of Principal Accounting Officer			
Name of Contact Officer			
Email address of Contact Officer			
Description of principal business activity			
ANZIC code			
Date of commencement in TER DD/MM/YYYY			

Declaration

I,

the duly authorised representative of the above named Government business certify that the above registration details have been completed to the best of my knowledge in accordance with the requirements of the TER.


Declared at

on DD/MM/YYYY



Privacy statement


Information collected from you on this form is required by Revenue NSW to determine if you have a liability or entitlement. The information may be provided to third parties with your consent or as required or permitted by law. Revenue NSW will correct or update your personal information at your request. Read more about privacy at www.revenue.nsw.gov.au

Contact details

 1300 139 817* (Monday – Friday, 8.30 am – 5.00 pm)

*Interstate clients please call (02) 7808 6915

 www.revenue.nsw.gov.au
 tax.equivalents@revenue.nsw.gov.au
 Help in community languages is available

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