

Statement by a supplier

Complete this statement if the following applies:

- you are an individual or a business
- you have supplied goods or services to another enterprise (the payer), and
- you are not required to quote an Australia business number (ABN).

HOW TO COMPLETE THE STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Use BLOCK LETTERS and print one character in each box.
- Place X in all applicable boxes.

Payers can check ABN records of suppliers by visiting abr.business.gov.au or phoning 13 72 26 24 hours a day, 7 days a week.

Section A: Supplier details
Your name WALMATHEMATICALIOLYMPIADS
COMMITTEE
Your address
DEPARTMENT OF MATHEMATICS AND
STATISTICS, THE UNIVERSITY OF WALL
Suburb/town CRAWLEY One of the suburb/town State/territory Postcode One of the suburb/town
Reason/s for not quoting an ABN Place X in the appropriate box/es.
The payer is not making the payment in the course of carrying on an enterprise in Australia. The supplier is an individual and has given the payer a written statement to the effect that the supply is either:
The supplier is an individual aged under 18 years and the payment does not exceed \$350 a week. made in the course or furtherance of an activity done as a private recreational pursuit or hobby, or
The payment does not exceed \$75, excluding any goods and services tax (GST). wholly of a private or domestic nature (from the supplier's perspective).
The supply that the payment relates to is wholly input taxed.
The supply is made by an individual or partnership without a reasonable expectation of profit or gain.
The supplier is not entitled to an ABN as they are not carrying on an enterprise in Australia.
The whole of the payment is exempt income for the supplier.
Section B: Declaration
For information about your privacy, visit our website at ato.gov.au/privacy
Under pay as you go (PAYG) legislation and guidelines administered by us, the named supplier is not quoting an ABN for the current and future supply of goods or services for the reason or reasons indicated.
Name of supplier (or authorised person)
GREGORY GAMBLE
Signature of supplier (or authorised person) Daytime phone number
0407010709
Bate Day Month Year
15/09/2023

misleading statement.

Penalties apply for deliberately making a false or

Do not send this statement to us.

Give the completed statement to any payer that you are supplying goods or services to. The payer must keep this document with other records relating to the supply for five years.