**AUTHORITY TO LODGE SINGLE TOUCH PAYROLL PAYMENT**

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| CLIENT DETAILS | |
| Business Name: |  |
| Authorised Business Contact Name: | Director/CEO  Payroll coordinator/manager |
| ABN: |  |
| Financial Year: | from       /     /      to      /     / |

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| --- | --- |
| BAS AGENT DETAILS | |
| Business Name: |  |
| ABN: |  |
| Registered BAS Agent Number: |  |
| BAS Agent Name: |  |

I, (NAME OF AUTHORISED BUSINESS CONTACT), confirm my authorisation of the abovenamed BAS agent to provide this pay event information to the Commissioner of Taxation based on the payroll information provided by us in relation to this pay event.

**I declare that:**

* I am authorised to make this declaration.
* The payroll information and report(s) provided to the BAS agent for the preparation of this STP pay event is true and correct.
* All relevant information has been supplied to the BAS agent.
* The business will securely keep all payroll records and related authorisation forms for at least five years, including any information required to substantiate STP pay events.

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| Declared by (NAME OF AUTHORISED PERSON): |  |
| Date of declaration: |  |
| Signed: |  |

**Registered BAS agent declaration**

* I, (NAME OF BAS AGENT), declare that this STP pay event has been prepared in accordance with the information supplied by the business.
* I declare that I am authorised under the *Tax Agent Services Act 2009* to act as a registered BAS agent for this entity and to provide these services.

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| Signature of BAS agent |  |
| Date: |  |