**SINGLE TOUCH PAYROLL ANNUAL ENGAGEMENT AUTHORITY**

|  |
| --- |
| CLIENT DETAILS |
| Business Name: |       |
| Authorised Business Contact Name: |      Director/CEO [ ]  Payroll coordinator/manager [ ]  |
| ABN: |        |
| Period of this declaration (</=12 months): | from       /     /      to      /     /      |

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

I, (NAME OF AUTHORISED BUSINESS CONTACT), confirm the engagement of the abovenamed BAS agent to provide general payroll services to our business listed above, including:

* processing pay events within our payroll system;
* providing the pay event information to the Commissioner of Taxation based on the information we provide to the BAS agent for each pay event.

**I declare that:**

* I am authorised to make this declaration on behalf of the business.
* The business will provide true and correct information to the abovenamed BAS agent for each pay run.
* 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.
* I am eligible to use this annual declaration as I meet the ATO’s requirements for eligibility, including:
	+ no outstanding or overdue activity statements;
	+ no overdue amounts payable to the ATO (not including outstanding liabilities in an approved payment plan);
	+ the business has complied with all PAYG Withholding obligations in the past two years and continues to meet those obligations for the period of this engagement authority;
	+ the directors are not subject to an ATO Directors Penalty Notice.

This engagement and authority will remain in place for the period of twelve months specified above or until:

* there is a significant variation in payroll circumstances, process or information;
* the ATO advises a change in STP authority lodgment processes;
* the business is no longer eligible to use the annual STP engagement authority under the ATO’s specified requirements.

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

**Registered BAS agent declaration**

* I, (NAME OF BAS AGENT), declare that each STP pay event for the authorised period will be 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.

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