

Nomination of Designated Group Employer (DGE) to Claim Threshold Entitlement

Note:

- Only one member of the group can claim the group's NSW threshold entitlement
- The purpose of this form is to nominate that member
- From the effective date, any previous nominations will be revoked

Member nominated to claim the threshold - (DGE)

Client ID	Company name	
ABN	ABRN	
Address		
	State	Postcode
Date of joining group (DD/MM/YYYY)	This nomination is effective from (DD/MM/YYYY)	

Other members of the group (If insufficient space, please attach a schedule)

Members who pay wages in NSW (not including nominated member)

Client ID	Company name
ABN	Date of joining group (DD/MM/YYYY)
Client ID	Company name
ABN	Date of joining group (DD/MM/YYYY)
Client ID	Company name
ABN	Date of joining group (DD/MM/YYYY)

Members who pay wages outside NSW only or members who do not pay wages but are located in Australia

Company name	
ABN	Date of joining group (DD/MM/YYYY)
Company name	
ABN	Date of joining group (DD/MM/YYYY)
Company name	
ABN	Date of joining group (DD/MM/YYYY)

Under the Taxation Administration Act 1996, it is an offence to give false or misleading information. I declare that all information provided is true and correct in every particular.

I,	
declared at	on (DD/MM/YYYY)
Position	Daytime phone number ()

Contact details



1300 139 815* (Monday - Friday, 8.30 am - 5.00 pm)

*International callers please call +61 2 7808 6904



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? Help in community languages is available



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