

ATTACHMENT 3

QUARTERLY INSTALMENT REPORT

TAX EQUIVALENT REGIME FOR GOVERNMENT BUSINESSES Pay As You Go Instalment Report of Income Tax Equivalent For the period ___/___/_____ to ___/___/_____	
1. Name of NSW Government Business	
2. Postal address for Service of Notices	
	Postcode
3. Address of Place of Central Management	
	Postcode
4. Australian Business Number	
5. Telephone Contact Number	
6. Name of Principal Accounting Officer	
7. Name of Contact Officer	
8. E-mail Address of Contact Officer	
9. Description of Principal Business Activity	
10. ANZIC Code	
11. PAYG Calculation	
A. Instalment income	\$
B. Instalment rate	%
C. New varied instalment rate*	%
D. Credit arising from reduced PAYG instalments	\$
E. PAYG Tax Equivalent Instalment ((A x B or C) – D)	\$
12. Deferred company/fund instalment	\$
13. Net Amount This Report (11E + 12)	\$

* Provide reason and supporting information for change.

I, _____ the duly authorised representative of the above named NSW Government business certify that this report has been completed to the best of my knowledge and in accordance with the requirements of the TER.