



MAGNETIC MEDIA INFORMATION

This form must be enclosed with TEST or PRODUCTION data

Information line number **1800 642 933**

This media contains

WITHHOLDING WHERE ABN NOT QUOTED ANNUAL REPORTS

PN

Period of report: / / to / /

Supplier* name _____

Supplier ABN

Business address (for delivery of magnetic media)

Number/Street _____
Suburb/Town _____ Postcode

Postal address (for delivery of correspondence)

Address _____
Suburb/Town _____ Postcode

Contact name _____ E-mail address _____

Telephone number _____ Facsimile number _____

Media type (tick box)

Cartridge (18-track) DAT TAR Floppy disk CD-ROM
Cartridge (36-track) DAT Windows NT ZIP disk

Please write an **identifier**♣ on the outside of the media and show this below.

Identifier: _____

➡ Use Magnetic Media – Multiple files form if other files are to be extracted.

Does this media contain test data? (tick box) Yes No

Delivery address for media

Mainframe cartridges and DATs (courier)

Magnetic Information Processing Services
Australian Taxation Office
567 Smollett Street
ALBURY NSW 2640

Floppy disks, ZIP disks and CD-ROMs (post)

Magnetic Information Processing Services
Australian Taxation Office
Reply Paid No 923
ALBURY NSW 2640

Office use only

Registration number _____ Date received / / Signature _____

This form may be photocopied for use

*The "Supplier" is the entity supplying the payment summary information report on magnetic media to the ATO, eg, a Payer, a Tax Agent or a Computer Service Provider.

♣The "identifier" should be made up of six characters and should appear on the magnetic media and this form, in case the two become separated.