THE 40TH RIO TINTO MARTIN HANSON MEMORIAL ART AWARDS 2015 ENTRY FORM **ENTRANT'S DETAILS** ■ Ms Title: ■ Mr Other: Given Name: Surname: Postal Address: Town: State: Postcode: Local Council in your area: Email: Phone: **ELIGIBLE ONLY AWARDS** The Pieter Greenwood Memorial Young Emerging Artist Award sponsored by Multitrade ■ Eligible, age: The Local Murri Artist Award sponsored by Elizabeth & Leo Zussino ■ Eligible, (optional) People: The Yaralla Sports Club Local Artist Award ■ Eligible ARTWORK INFORMATION PLEASE NOTE: Artist statements are optional. If provided, they must be with this entry form on separate A4 sheets of paper FIRST SUBMISSION: Section: 1 **2 3** ■ 4 (Preference: ■ television Title of work (30 characters max): Medium (30 characters max): Height: mm. Width: mm. Depth (Section 3 only): mm. Time (Section 4 only): Is your artwork for sale? ■ Yes Artist's price: \$ OFFICE USE ONLY: * Gallery & Museum will add commission & GST to create final sale price ELIGIBLE FOR J.A.M.A.A ☐ Yes ☐ No ■ No (Mark 'NFS' on your artwork) SECOND SUBMISSION: Section: **1** 2 **3** (Preference: television projector) Title of work (30 characters max): Medium (30 characters max): Height: mm. Width: mm. Depth (Section 3 only): mm. Time (Section 4 only): Yes Artist's price: \$ Is your artwork for sale? OFFICE USE ONLY: * Gallery & Museum will add commission & GST to create final sale price ELIGIBLE FOR J.A.M.A.A ☐ Yes ☐ No ■ No (Mark 'NFS' on your artwork) **COMPULSORY GST QUESTIONS** As required by the Australian Taxation Office, an ABN or 'Statement by a Supplier' form is compulsory, otherwise a 48.5% withholding tax is applied. Do you have an ABN? ■ Yes ABN: Are you also registered for GST? Yes ■ No ■ No Please complete the 'Statement by a Supplier' form (see reverse) PAYMENT METHOD A non-refundable entry fee of \$15 per entry (incl. GST) is to be forwarded with artwork. Method: ■ Cash ■ EFTPOS ■ Cheque ■ Money order \$ Payable to: Gladstone Regional Council, ABN 27 330 979 106 Amount: NOMINATE RETURN METHOD In person: Name: Phone: *Courier: Phone: Name: Other / Notes: * Return freight consignment note, receipt number, stamps, prepaid voucher, etc., must be adjoining this entry form upon delivery. **I UNDERSTAND** Entries must be received no later than 5pm, Saturday 10 October 2015 to be eligible. I have read the 'Conditions of Entry' in the accompanying brochure & agree to be bound by them at all times. DATE: 2015 ■ No Do you wish to be sent an entry form for our future Art Awards? Yes OFFICE USE ONLY: DELIVER THIS ENTRY FORM & YOUR WORK TO: DATABASE: PACKED DATE: SENT DATE: ARTIST RECEIPT #: CATALOGUE: Gladstone Regional Art Gallery & Museum STATEMENTS: Corner Goondoon & Bramston Streets

☐ Yes ☐ No

GLADSTONE QLD 4680



Statement by a supplier

Complete this statement if the following applies:

- you are an individual or a business
- you have supplied goods or services to another enterprise (the payer), and
- you are not required to quote an Australia business number (ABN).

HOW TO COMPLETE THE STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Use BLOCK LETTERS and print one character in each box.

 \blacksquare Place |X| in all applicable boxes.

Payers can check ABN records of suppliers by visiting abr.business.gov.au or phoning 13 72 26 24 hours a day, 7 days a week.

Section A: Supplier details
Your name
Your address
Suburb/town State/territory Postcode
December 1 for a continuo de la Continuo del Continuo del Continuo de la Continuo del Continuo de la Continuo del Continuo de la Continuo del Continuo de la Continuo de la Continuo de la Continuo de la
Reason/s for not quoting an ABN Place \(\text{\(\)}\)}}}} \end{\(\text{\\ \text{\\ \ext{\(\text{\(\text{\(\text{\(\text{\(\text{\(\text{\(\text{\(\text{\) \ext{\(\text{\(\text{\) \ext{\(\text{\(\text{\(\text{\(\text{\(\text{\(\text{\(\text{\\ \ext{\) \ext{\(\text{\\ \ext{\\ \ext{\} \ext{\(\text{\\ \ext{\\ \ext{\\ \ext{\} \ext{\\ \exi}\\ \\ \ext{\\ \ext{\\ \ext{\\ \ext{\\ \
The payer is not making the payment in the course of carrying on an enterprise in Australia. The supplier is an individual and has given the payer a written statement to the effect that the supply is either:
The supplier is an individual aged under 18 years and the payment does not exceed \$350 a week.
The payment does not exceed \$75, excluding any goods and services tax (GST). wholly of a private or domestic nature (from the supplier's perspective).
The supply that the payment relates to is wholly input taxed.
The supply is made by an individual or partnership without a reasonable expectation of profit or gain.
The supplier is not entitled to an ABN as they are not carrying on an enterprise in Australia.
The whole of the payment is exempt income for the supplier.
Section B: Declaration
For information about your privacy, visit our website at ato.gov.au/privacy
Under pay as you go (PAYG) legislation and guidelines administered by us, the named supplier is not quoting an ABN for the current and future supply of goods or services for the reason or reasons indicated.
Name of supplier (or authorised person)
Signature of supplier (or authorised person) Daytime phone number
Date Day Month Year

misleading statement.

Penalties apply for deliberately making a false or

Do not send this statement to us.

Give the completed statement to any payer that you are supplying goods or services to. The payer must keep this document with other records relating to the supply for five years.

2015 LABEL TO ACCOMPANY ARTWORK Please complete and attach securely to back lower left corner or base of each artwork Name: Address: __ Title: television **2 4**< Section No.: 1 **1** 3 _ **D** projector Medium: ___ Width: _____mm Size: Height: _____mm _____mm Time: _____s Depth: ___ Method of return: ____ | |------

Please complete and attach securely to back lower left corner or base of each artwork Name: Address: __ Title: television **2** Section No.: 1 **3 4** _ **D** projector Medium: ___ Size: Height: _____mm Width: _____mm Depth: _____ mm Time: _____ m ____s Method of return:

' '

2015 LABEL TO ACCOMPANY ARTWORK