

APPLICATION FORM

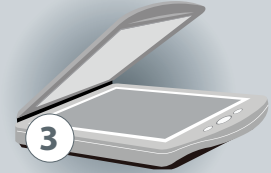
IT'S QUICK AND EASY TO GET YOUR AUSTRALIAN TAX REFUND. JUST FOLLOW THE 3 STEPS BELOW.



1
Fill out the form below (don't forget to sign the POA doc on Page 2).



2
Attach any Payment Summaries/ Final Payslips if available and a copy of your passport or photo ID.



3
Scan or take a picture of everything and email it to Australia@taxback.com!

TELL US ABOUT YOU

First Name	Middle Name	Surname
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Date of Birth ____/____/____	Email	
Telephone	Mobile	Home country phone
Home country address		
Australian address		
How did you hear about our company?		Nationality
Did you have an Australian Business Number (ABN) while in Australia? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please, insert ABN: _____		
Did you incur any income under your ABN? Yes <input type="checkbox"/> No <input type="checkbox"/>		
What is the number of your passport/ID you used while in Australia? _____		

TELL US ABOUT YOUR STAY IN AUSTRALIA

Tax File Number: _____	Visa Type
Date of Arrival in Australia ____/____/____	Date of Departure from Australia ____/____/____
Have you applied for a refund for any tax year(s) from the ATO (previous to this application) Yes, 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> Other _____ No <input type="checkbox"/>	
Have you received any other income from sources inside Australia (eg bank interest, dividends, etc)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did your spouse accompany you to Australia? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you worked in any other country? UK <input type="checkbox"/> Ireland <input type="checkbox"/> Other <input type="checkbox"/>	Have you applied for a tax refund from there? Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYMENT INFORMATION

How many employers did you have in Australia?

If you had more than two employers please provide employment information on a separate sheet.

EMPLOYER 1

Company name	City / Town
Job Title	Email (if known)
Started ____/____/____	Finished ____/____/____
Do you have your PAYG / final payslip? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a member of a superannuation fund? Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, would you like us to track them down for you? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Super Fund:

EMPLOYER 2

Company name	City / Town
Job Title	Email (if known)
Started ____/____/____	Finished ____/____/____
Do you have your PAYG / final payslip? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a member of a superannuation fund? Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, would you like us to track them down for you? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Super Fund:

*Document retrieval fee applies

POWER OF ATTORNEY AND DECLARATION OF REPRESENTATIVE

IMPORTANT – This is the legal document that you must sign in order for us to proceed with your refund. Please only fill out the fields where you see the ✓ indicated.

Taxpayer Name ✓	
Tax File Number (if known) ✓	Date of birth ✓ ____ / ____ / ____

hereby appoint the following representative as attorney-in-fact:

taxback.com, Level 2, 600 George Street, Sydney, NSW 2000, Australia

to act as the taxpayer’s legal representative for the following matters:

We have indicated all possible tax years a tax refund is claimable for. Please cross out any that do not apply to your experience in Australia.

Type of Tax Refund	Tax years			
Income tax	1 st July 2013 – 30 th June 2014 <input checked="" type="checkbox"/>	1 st July 2012 – 30 th June 2013 <input checked="" type="checkbox"/>	1 st July 2011 – 30 th June 2012 <input checked="" type="checkbox"/>	1 st July 2010 – 30 th June 2011 <input checked="" type="checkbox"/>
	1 st July 2009 – 30 th June 2010 <input checked="" type="checkbox"/>	1 st July 2008 – 30 th June 2009 <input checked="" type="checkbox"/>	1 st July 2007 – 30 th June 2008 <input checked="" type="checkbox"/>	1 st July 2006 – 30 th June 2007 <input checked="" type="checkbox"/>
	Other			
Superannuation	<input checked="" type="checkbox"/>			

Acts authorised:

The representative is authorised to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax types and periods described above.

This includes:

- A) requesting and receiving from my employer(s) the group certificate, superannuation details or TFN; and
- B) obtaining information from any superannuation fund of which I, the taxpayer, may be a member in relation to any benefit to which I may be entitled; and
- C) signing any agreements, consents or other documents (including superannuation claim forms) required to refund any overpaid taxes or facilitate the payment of any superannuation benefits; and
- D) requesting my tax assessment prior to the end of the financial year and arranging the refund to be sent to the bank account of my representative.

I agree to and accept the terms and conditions of service as written online at www.taxback.com and to any changes in the terms and conditions which Taxback may effect from time to time, and to the fees of the agent which represents the services I have requested and which are provided by taxback.com and/or its affiliate companies.

I understand that once my refund is processed, I will be contacted by the Agent with regard to payment options for receiving my refund and will be able to provide my bank details.

I understand that this document will be used when filing my tax return and that it is valid for two years from the date of signing.

I declare that the information provided is true and correct.

<input checked="" type="checkbox"/> I declare that the information provided is true and correct.
<input checked="" type="checkbox"/> I have read and understood the Ts & Cs at http://www.taxback.com/termsandconditions .

Taxpayer Signature ✓	Date ✓ ____ / ____ / ____
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Print name ✓

FOR TAXBACK.COM USE

I declare that:

- ⇒ I have prepared this income tax return in accordance with the information supplied by the individual.
- ⇒ I have received a declaration made by the individual that the information provided to me for the preparation of this document is true and correct; and
- ⇒ I am authorised by the individual to give the information in this document to the Commissioner.

Accountant Signature	Date ____ / ____ / ____
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Print name

RESIDENCY QUESTIONNAIRE

Have you been (or do you intend to stay) in Australia for 6 months or more? Yes No

Do you plan to settle in Australia long-term or apply to become an Australian citizen? Yes No

What are your living arrangements in Australia?
 staying with family or friends own or buying home renting or leasing accommodation hotel, motel, hostel

What is your main reason for being in Australia
 contract employment permanent employment temporary employment travel education event attendance visiting friends or relatives

Where are most of your personal belongings located? Australia Home Country Other

Have you joined any clubs, gyms or other networks during your stay in Australia? Yes No

The questionnaire is to help us establish your residency status for tax purposes in Australia. In order to be considered as resident for tax purposes you should display behaviour, habits and characteristics similar to that of a permanent resident in Australia.

OFFSETS AND EXPENSES

Offsets and expenses may significantly increase your refund. Please give as much details as possible.

Please provide information on any location you have lived in for more than three months when in Australia:

Location	From	To
Location 1	____ / ____ / ____	____ / ____ / ____
Location 2	____ / ____ / ____	____ / ____ / ____
Location 3	____ / ____ / ____	____ / ____ / ____

Have you paid any tax agent's fees in Australia? Yes No If yes, please specify amount \$ _____ and tax year _____.

Do you have Australian private health insurance? Yes No If yes, please send us a copy of your insurance policy statement.

Did you incur Medical Expenses of over \$2000 in Australia? Yes No If yes, please attach copies of receipts or other supporting evidence.

Have you received a Medicare Levy Exempt Certificate? Yes No If yes, please attach a copy of your certificate.

Did you make any donations to Australian charities? Yes No If yes, please attach copies of receipts or other supporting evidence.

WORK-RELATED EXPENSES

Work-related expenses that were not reimbursed by your employer	Amount \$	Details
Uniform Yes <input type="checkbox"/> No <input type="checkbox"/>		
Work - related telephone calls Yes <input type="checkbox"/> No <input type="checkbox"/>		
Tools Yes <input type="checkbox"/> No <input type="checkbox"/>		
Training Courses that were directly related to your job Yes <input type="checkbox"/> No <input type="checkbox"/>		
Union Fees Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other (please specify)		

If you had expenses in excess of \$300, please include any supporting receipts with your application.

Thank you for completing the Australian tax refund application form. Should you need assistance from our tax experts, please contact one of the taxback.com offices, listed below:

Taxback.com
Level 2
600 George Street
Sydney NSW 2000

Taxback.com
Happy Travels
7 Shields Street
Cairns QLD 4870

Taxback.com
The Travel Shop
456 George Street
Brisbane QLD 4000

Taxback.com
Nomads Melbourne
198 A' Beckett Street
Melbourne VIC
3000

Taxback.com
Travel Forever
135 Barrack Street
Perth WA 6000

Taxback.com
The Youth Shack
69 Mitchell Street
Darwin NT 0800