

### INSTRUCTION FORM

**IT'S QUICK AND EASY TO FILE YOUR TAX RETURN. JUST FOLLOW THE 2 STEPS BELOW.**

**1** Fill out the forms below.

**2** Post them to your nearest taxback.com office.

As the 2013 tax year has not finished yet, we need to prepare an early assessment to claim back your Australian tax that was paid after 30<sup>th</sup> June 2012. In order to do this we need you to complete the following forms. Please use this page to check you have filled everything out correctly.

### CHECKLIST

*Before submitting this form, please ensure that you have completed all elements of the checklist below.*

- 1. Australian Tax Refund Application Form (pages 2-3):** Please fill in the enclosed form with as much detail as possible. Also name, sign and date page 3 at the places marked with an ✓. ☐
- 2. Power of Attorney and Declaration of Representative (page 4):** Please fill in the form with your full name, tax file number, date of birth. Also sign and date it at the places marked with an ✓. ☐
- 3. Request for Early Assessment Form:** In the declaration section print your name in BLOCK CAPITALS and sign where marked with an X. ☐
- 4. Tax Return Form:** Please ignore the spouse section of this form. We need you to sign the taxpayer's signature box and fill out the date field where marked with an X. The rest of this form is for office use only. ☐
- 5. Customer Agreement (page 5):** Please fill in the form with your full name, tax file number and signature at the places marked with an ✓. ☐
- 6. Payment Summaries and Final Pay Slips:** Please send us copies of your payment summaries or final pay slips for each employer. If you had income apart from employment, please send us a relevant statement showing this income. ☐
- 7. Identification Document:** Please send us a clear and legible copy of your passport. ☐

#### taxback.com

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**AUSTRALIA**

#### taxback.com

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#### taxback.com

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Suite 2415  
Chicago 60601 IL  
**USA**

## TELL US ABOUT YOU

First Name		Middle Name	Family Name
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Date of Birth ____/____/____	Email	
Telephone	Mobile	Home country phone	
Home country address			
How did you hear about our company?			Nationality
Did you have an Australian Business Number (ABN) and incurred any income under it?			Yes <input type="checkbox"/> No <input type="checkbox"/>

## 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, 2011 <input type="checkbox"/> 2012 <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 / Phone (if known)
Started ____/____/____	Finished ____/____/____	Are you a member of a superannuation fund? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have your PAYG / final payslip? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of Fund
If no, would you like us to track them down for you?* Yes <input type="checkbox"/> No <input type="checkbox"/>		Member Number (if known)

### EMPLOYER 2

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

\*Document retrieval fee applies

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.

## RESIDENCY QUESTIONNAIRE

Have you been (or do you intend to stay) in Australia for 6 months or more?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you plan to settle in Australia long-term or apply to become an Australian citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What are your living arrangements in Australia?	
Staying with family or friends <input type="checkbox"/>	Own or buying home <input type="checkbox"/> Renting or leasing accommodation <input type="checkbox"/> Staying in a hotel, motel or hostel <input type="checkbox"/>
What is your main reason for being in Australia	
Contract employment <input type="checkbox"/> Permanent employment <input type="checkbox"/> Temporary employment <input type="checkbox"/> Travel <input type="checkbox"/> Education <input type="checkbox"/> Event attendance <input type="checkbox"/> Visiting friends or relatives <input type="checkbox"/>	
Where are most of your personal belongings located?	
Have you joined any clubs, gyms or other networks during your stay in Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/>

This is what you need to fill out so we can get you the maximum legal refund. Please give as much detail as possible.

## OFFSETS AND EXPENSES

Please provide information on any location you have lived in for more than three months when in Australia:		
Location 1	From ____ / ____ / ____	To ____ / ____ / ____
Location 2	From ____ / ____ / ____	To ____ / ____ / ____
Location 3	From ____ / ____ / ____	To ____ / ____ / ____
Have you paid any tax agent's fees in Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please specify amount \$ _____ and tax year _____.
Do you have Australian private health insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please send us a copy of your insurance policy statement.
Did you incur medical expenses of over \$2000 in Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please attach copies of receipts or other supporting evidence.
Have you received a medicare levy exempt certificate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please attach a copy of your certificate.
Did you make any donations to Australian charities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	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
Did you incur any of the following work-related expenses? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Did you have a Compulsory work 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.		

I declare that the information provided above is true and correct.	Date ____ / ____ / ____
Name in print 	Signature 
<input type="checkbox"/> I have read and understood the Ts & Cs at <a href="http://www.taxback.com/termsandconditions">http://www.taxback.com/termsandconditions</a>	

## 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 (only if known) ✓	Date of birth ✓ ____ / ____ / ____

hereby appoint the following representative as attorney- in fact:

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

to act as the taxpayers legal representative for the following matters

Please tick the other years for which you would like us to organise an income tax return for you or cross out any which do not apply

Type of Tax	Tax years			
Income tax	1 <sup>st</sup> July 2012 – 30 <sup>th</sup> June 2013 <input checked="" type="checkbox"/>	1 <sup>st</sup> July 2011 – 30 <sup>th</sup> June 2012 <input checked="" type="checkbox"/>	1 <sup>st</sup> July 2010 – 30 <sup>th</sup> June 2011 <input checked="" type="checkbox"/>	1 <sup>st</sup> July 2009 – 30 <sup>th</sup> June 2010 <input type="checkbox"/>
	1 <sup>st</sup> July 2008 – 30 <sup>th</sup> June 2009 <input type="checkbox"/>	1 <sup>st</sup> July 2007 – 30 <sup>th</sup> June 2008 <input type="checkbox"/>	1 <sup>st</sup> July 2006 – 30 <sup>th</sup> June 2007 <input type="checkbox"/>	1 <sup>st</sup> July 2005 – 30 <sup>th</sup> June 2006 <input type="checkbox"/>
	Other			
Superannuation	✓			

### 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](http://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.

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



## Taxpayer leaving Australia

### Request for early assessment

**This form can be used where you are leaving Australia prior to the end of the financial year and you are either a non-resident or a resident who is leaving Australia permanently.**

Tax file number

Year ended 30 June

Full name

[illegible]

Forwarding address

Date of Birth   /   /

[illegible]

City/Town

State/Territory    Postcode

[illegible]

Country

[illegible]

Date of departure   /   /

I wish to apply for early assessment of my income tax return and/or baby bonus claim for the year ended 30 June

I understand the conditions for early assessment, and I have answered the questions on the back of this form.

I declare that all the information I have given on this form is true and correct.

Name (please print clearly)

Signature

X	
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Date   /   /

**Additional information** (If necessary)

Use this space to provide any additional information to support your application for early assessment.


## OFFICE USE ONLY

Income issues explained	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Rebates and Family Tax Benefit explained*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tax free threshold pro-rata completed on return*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Client advised of withholding tax issues of non-residency status	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medicare levy/surcharge pro-rata explained*	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
CGT issues explained	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Final return indicated	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eligible for Priority Processing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	*Items related to residents only.		

## Public Assistance Officer's Details

Name	Extn	Date
		/ /

**To:** *ATOdatacorp*

Eligible for Priority Processing	Yes	No
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## Family Assistance Office consent

Complete this section only if you consent to use part or all of your 2012 tax refund to repay your spouse's Family Assistance Office (FAO) debt.

Complete the details below only if:

- you were the spouse of a family tax benefit (FTB) claimant, or the spouse of a child care benefit claimant on 30 June 2012 and
- your spouse has given you authority to quote their customer reference number (CRN) on your tax return – if your spouse does not know their CRN they can contact FAO and
- your spouse has a debt due to the FAO or expects to have a FAO debt for 2012 and
- you expect to receive a tax refund for 2012 and
- you consent to use part or all of your tax refund to repay your spouse's FAO debt.

Spouse's CRN **Z**

**Important:** You also need to provide your spouse's name, date of birth and their sex on page 6.

I consent to the Tax Office using part or all of my 2012 tax refund to repay any FAO debt of my spouse, whose details I have provided on page 6. I have obtained my spouse's permission to quote their CRN.

Your  
signature

Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Taxpayer's declaration

Read and sign the declaration after completing your tax return, including the Supplementary section, Business and professional items section and other schedules if applicable.

**I declare that:**

- the information provided to my registered tax agent for the preparation of this tax return is true and correct, and
- I authorise my registered tax agent to lodge this tax return.

Taxpayer's  
signature

Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Important:** The tax law imposes heavy penalties for giving false or misleading information.

The Tax Office will issue your assessment based on your tax return. However, the Tax Office has some time to review your tax return, and issue an amended assessment if a review shows inaccuracies that change the assessment. The standard review period is two years but for some taxpayers it is four years.

### Privacy:

The Tax Office is authorised by the *Taxation Administration Act 1953* to request you to quote your tax file number (TFN). It is not an offence not to quote your TFN. However, your assessment may be delayed if you do not quote your TFN. The Tax Office is also authorised by the *Income Tax Assessment Act 1936*, the *Income Tax Assessment Act 1997* and the *A New Tax System (Family Assistance) (Administration) Act 1999* to ask for the other information on this tax return. We need this information to help us to administer the taxation laws. We may give this information to other government agencies as authorised in taxation law – for example, benefit payment agencies such as Centrelink, the Department of Education, Employment and Workplace Relations, and the Department of Families, Housing, Community Services and Indigenous Affairs; law enforcement agencies such as state and federal police; and other agencies such as the Child Support Agency, the Australian Bureau of Statistics and the Reserve Bank of Australia. The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this tax return to maintain the integrity of the register.

## Tax agent's declaration

I, **Taxback.com**

declare that this tax return has been prepared in accordance with information supplied by the taxpayer, that the taxpayer has given me a declaration stating that the information provided to me is true and correct and that the taxpayer has authorised me to lodge the tax return.

Agent's signature

Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Client's reference

Contact name

Agent's telephone number

Area code

**02**

Telephone number

**8297 6106**

Agent's reference number

**72087002**

### CUSTOMER AGREEMENT

*The terms and conditions below refer to the taxback.com tax returns and refund services. Please read these points in full and ensure you understand them before signing.*

#### ***I confirm that:***

1. I understand that taxback.com is a trading name for the services of Taxback Inc., Chicago, USA, and hereby contract with Taxback Inc. to carry out the services described herewith.
2. I understand that Taxback Inc will utilise its parent company Taxback and its subsidiary and affiliate companies, including Taxback PTY Ltd, provide local market tax office co-ordination and support where necessary and that the contract remains with Taxback Inc for the duration of the service.
3. I have signed the necessary power of attorneys to authorise Taxback. Inc, and / or its subsidiary undertakings trading as taxback.com and referred to hereafter as the Agent, to prepare this tax return and represent me before the Australian Tax Office (ATO).
4. I have not filed and will not file an income tax return or apply for an income tax refund for the Australian tax year I have authorised taxback.com to apply for and will not authorise any other party to do so on my behalf.
5. I authorise the Agent to receive all correspondence from the ATO on my behalf.
6. I agree to and accept the terms and conditions of service as written online at [www.taxback.com](http://www.taxback.com) and to any changes in the terms and conditions which Taxback may affect from time to time, and to the fees of the agent which represents the services I have requested and which are provided by Taxback and/or its affiliate companies.
7. I understand that information collected in writing and/or verbally for Australian tax return and superannuation filing services can and may be used for internal auditing purposes by taxback.com and provided to the Australian Tax Office (ATO) for external auditing purposes, subject to relevant data protection legislation.
8. I confirm that I have given the Agent all information needed and available to me and agree to co-operate and provide additional information as required at any stage of the tax refund process.
9. I understand that taxback.com will submit my application to the relevant tax office as soon as I have been informed of the refund amount and have sent all necessary documentation. Should I wish to cancel my application, I will contact taxback.com immediately. I understand that while taxback.com will make every effort to recall my application, this may not be possible.
10. I commit to updating the Agent of any changes in my contact details.
11. I commit to the terms of this agreement with the Agent in Australia, under Australian law.

Signature ✓	TFN ✓
Name in print ✓	