

OZTAX BACK APPLICATION

DATE

NAME **YEAR**

YEAR

DATE OF BIRTH TFN MOBILE

EMAIL

DATE ARRIVED DATE DEPARTED

HOME ADDRESS
(parents - not in Australia)

.....
.....
.....

PARENT / CONTACT PHONE No.

EMPLOYMENT DETAILS Occupation

1 NAME OF EMPLOYERABN.....

PhoneStart.....FinishGrossTax.....

2 NAME OF EMPLOYERABN.....

PhoneStart.....FinishGrossTax.....

3 NAME OF EMPLOYERABN.....

PhoneStart.....FinishGrossTax.....

NOTES

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.....
.....

APPOINTMENT OF AGENT & GENERAL POWER OF ATTORNEY

Principal SURNAME, FIRST -----

Principal ADDRESS -----

Principal TAX FILE NUMBER ----- DATE OF BIRTH -----

Attorney and agent name Daubaras & Co and Express Tax Services Pty Ltd
Attorney and agent Address Level 6 155 Castlereagh St, Sydney NSW 2000
Contact Telephone Number +61 2 9267 3200 Fax Number +61 2 9267 8553

Part 1 General

This power of attorney is made on the (date)

by(your name)

of (address)

I appoint Daubaras & Co and Express Tax Services of Level 6, 155 Castlereagh St, Sydney NSW to be my attorney. My attorney may exercise the authority conferred on my attorney by Part 2 of the Powers of Attorney Act 2003 to do on my behalf anything I may lawfully authorise an attorney to do. My attorney's authority is subject to any additional details specified in Part 2 of this document. This power of attorney operates immediately. If I appoint more than one attorney, then I appoint them jointly and severally.

Part 2 Additional powers and restrictions

I authorise my attorney to:

- (a) carry out any act and sign any document on my behalf for all matters concerning Australian income tax and superannuation; and
- (b) receive and inspect confidential taxation information with respect to Australian income taxation and superannuation; and
- (c) requesting and receiving from my employer(s) the PAYG payment summary, statement of earnings, superannuation details or TFN; and
- (d) obtaining information from any superannuation fund of which I may be a member in relation to any benefit to which I may be entitled; and
- (e) signing any agreements, consents or other documents (including superannuation claim forms and DASP request) required to refund any overpaid taxes or facilitate the payment of any superannuation benefits.
- (f) depositing any tax refund or superannuation proceeds into The Attorney bank account for the purpose of applying the whole or a part of it in payment of any bills for Professional fees and disbursements that has been rendered.

This power of attorney shall remain in full force and effect until the completion on my taxation and superannuation affairs.

Signed, sealed and delivered by

X _____
(Principal's signature - you sign)

in the presence of

.....
(Witness's name)

(Witness's signature)

.....
(Witness's address)

Name

Address

.....

.....

.....

To: Express Tax Services Pty Ltd
Level 6 155 Castlereagh Street
Sydney NSW 2000

BANK DETAILS & ACCOUNT AUTHORITY LETTER

I, (name) _____
authorise Express Tax Services Pty Ltd of Level 6, 155 Castlereagh Street Sydney, to deposit any money received by Express Tax Services Pty Ltd on my behalf including any tax and superannuation refund cheques, into your bank account for the purpose of applying the whole or a part of it in payment of any bills for Professional fees and disbursements that Daubaras & Co and Express Tax have rendered to me in respect of the preparation of my income tax returns and any other work I have instructed them to perform. The balance of the refund is to be sent to me at the above address or direct deposit into my bank account as detailed below.

X

Dated:

INSTRUCTION FOR PAYMENT OF YOUR REFUND (Circle 1 or 2 or 3)

- 1. Post to above address
- 2. Australian bank details
- 3. Non-Australian bank details for telegraphic transfer

BSB _____

ACCOUNT NUMBER _____

NAME OF BANK _____

Additional info required for telegraphic transfer overseas (cost \$38)

IBAN / BRANCH CODE _____

euro payment must have IBAN

BRANCH STREET ADDRESS _____

SUPER REFUND APPLICATION

NAME **DATE**

DATE OF BIRTH TFN MALE / FEMALE.

EMAIL

DATE ARRIVED DATE DEPARTED

PASSPORT No. **COUNTRY OF ISSUE**

HOME ADDRESS
(parents - not Australia)

PARENT / CONTACT PHONE No.

SUPER FACTS

- * All employers should pay 9% of your Gross salary into an Australian Superannuation / Pension Fund.
- * You can claim back your superannuation money only after you have **left the country** and your **visa has expired**.
- * General rule of thumb is you will receive only half of the amount paid into the fund, the other half are Australian Taxes.
- * Allow 60 days after your visa has expired (1 year after date of entry into Australia) for the money to be forwarded.
- * To avoid delay you must complete all details correctly, otherwise it may be longer than 60 days

SUPER FUND DETAIL

1. Super Fund Name **Member No.**

Name of Employer Phone No.

Address when started work

2. Super Fund Name **Member No.**

Name of Employer Phone No.

Address when started work

3. Super Fund Name **Member No.**

Name of Employer Phone No.

Address when started work

PLEASE POST OR FAX CLEAR PHOTOCOPIES ENLARGED TO 150%

- | | |
|---|---|
| <input type="checkbox"/> Passport Photo page | <input type="checkbox"/> Australian Departure stamp |
| <input type="checkbox"/> Australian Visa | <input type="checkbox"/> 2 forms of ID (Drivers license, Social Security ID, University Card, ATM card etc) |
| <input type="checkbox"/> Australian Entry stamp | <input type="checkbox"/> Any super fund correspondences, statements or membership card. |

JOB DETAILS

Complete and sign the job detail if you can not supply a Payment Summary, Group Certificate or final Pay Slip.
Complete to your best ability - if you do not know just leave it blank.

Company Name (Employer)	
ABN	
Employer Address	
Employer Phone No. & Fax	
Approx Start & Finished Date	
Gross Salary	
Tax Paid	

Company Name (Employer)	
ABN	
Employer Address	
Employer Phone No. & Fax	
Approx Start & Finished Date	
Gross Salary	
Tax Paid	

Company Name (Employer)	
ABN	
Employer Address	
Employer Phone No. & Fax	
Approx Start & Finished Date	
Gross Salary	
Tax Paid	

I, (name).....
hereby appoint Daubaras & Co and Express Tax Services of Level 6 155 Castlereagh St, Sydney NSW as my attorney and agent and in my name and stead to do all such things and perform all such acts on my behalf as I could do or perform personally. Daubaras & Co and Express Tax Services is authorised to requesting and receiving from my employers the PAYG payment summary or statement of earnings or any other documents requested.

Signed Dated