

Tax Payer Details

Full Name

Street Address

City Post Code

Email

Date of Birth Phone No.

Residency Details

Are you migrating and settling in Australia? Yes No

Are you an Australian returning to live? Yes No

Have you stayed or do you intend to stay in Australia for six months or more? Yes No

Have you stayed or do you intend to stay in a particular place continuously for six months or more? Yes No

Do you have social or economic ties to a country other than Australia? Yes No

What is your main purpose for being in Australia?

Where do you live while in Australia ?

- Staying with family, friends	<input type="checkbox"/>	- Own or buying a home	<input type="checkbox"/>
- Renting or leasing accommodation	<input type="checkbox"/>	- University campus	<input type="checkbox"/>
- Hotel, motel, hostel or caravan	<input type="checkbox"/>		

Do you have a spouse and / or dependent children? Yes No

Where do you hold the majority of your assets? Yes No

Are you a member of any clubs, churches, community groups or organisations in Australia? Yes No

Have you actually been in Australia either continuously or intermittently for 183 days or more in the year of income? Yes No

Is your usual place of abode outside Australia? Yes No

Do you intend to take up residence in Australia? Yes No

Do you have a spouse and / or dependent children? If yes, where are they?

- Currently living with you	<input type="checkbox"/>
- Coming to live with you	<input type="checkbox"/>
- Remaining overseas	<input type="checkbox"/>
- Some with you and some remain overseas	<input type="checkbox"/>

Employer 1 Details

Company Name

Street Address

City Post Code

Phone No. PAYG Attached Yes No

Super Fund Member Number

(If group certificate is not attached we will chase it up for you, administration fees apply)

Employer 2 Details

Company Name

Street Address

City	<input type="text"/>	Post Code	<input type="text"/>	
Phone No.	<input type="text"/>	PAYG Attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Super Fund	<input type="text"/>	Member Number	<input type="text"/>	

(If group certificate is not attached we will chase it up for you, administration fees apply)

Employer 3 Details

Company Name	<input type="text"/>			
Street Address	<input type="text"/>			
City	<input type="text"/>	Post Code	<input type="text"/>	
Phone No.	<input type="text"/>	PAYG Attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Super Fund	<input type="text"/>	Member Number	<input type="text"/>	

(If group certificate is not attached we will chase it up for you, administration fees apply)

Refund Payment Details

Full Name	<input type="text"/>		
Bank Name / Address	<input type="text"/>		
BSB	<input type="text"/>	Account Number	<input type="text"/>

Power of Attorney and Declaration of Representative

Tax Payer Name Tax File Number

Hereby appoint the following representative as attorney in-fact:

Cross Tax and Accounting Services – Suite 2/12 Old Town Plaza Bankstown NSW 2200

To act as the tax payers legal representative for the following matters.

Income Tax	Tax Year <input type="text"/>
Superannuation	<input type="text"/>

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 understand that once my refund is processed, it will be sent to my bank account by bank transfer.

I declare that the information provided is true and correct.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Print Name	Date

OFFICE USE ONLY

Requested by:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Signature	Date
<input type="text"/>	<input type="text"/>	
Email Address	Phone Number	