



Application by an Australian resident investor for refund of tax file number amounts deducted

Use this application if you wish to claim a refund of amounts withheld by your investment body (for example your bank, building society, credit union, company in which you own shares or unit trust) because you didn't quote your tax file number (TFN). These amounts may have been withheld from interest, dividends or unit trust distributions paid to you by the investment body.

If you are not an Australian resident for tax purposes and TFN withholding tax has been deducted from your investment income, phone us for advice on 13 28 61.

WHEN COMPLETING THIS APPLICATION:

- print clearly in BLOCK LETTERS using a black pen
- place in ALL applicable boxes, and
- complete all relevant sections and attach documentary evidence to support your claim.

Section A: Applicant details

1 What is the full name/s as shown on the account?

.....

2 What is your postal address? (Your refund cheque will be mailed to this address.)

.....

.....

Suburb/town

.....

State/territory

Postcode

.....

.....

3 What is the name and contact number of the authorised contact person?

.....

Phone

.....

4 Why are you claiming a refund?

You can only claim a refund directly from the Tax Office if you are entitled to claim an exemption from quoting a TFN or ABN from your investment body, but have not done so. If you cannot select one of the boxes below, you are not entitled to a direct refund and you must lodge a tax return to claim a credit for the TFN amounts deducted.

Individuals	Non-individuals										
<p>I am claiming a refund because I receive the following pension/benefit:</p> <table border="0"> <tr> <td><input type="checkbox"/> age pension</td> <td><input type="checkbox"/> special needs pension</td> </tr> <tr> <td><input type="checkbox"/> disability support pension</td> <td><input type="checkbox"/> carer pension</td> </tr> <tr> <td><input type="checkbox"/> wife pension</td> <td><input type="checkbox"/> special benefit, or</td> </tr> <tr> <td><input type="checkbox"/> sole parent/parenting payment (single supplement)</td> <td><input type="checkbox"/> veterans' affairs pension with a pensioner concession card.</td> </tr> <tr> <td><input type="checkbox"/> widow B pension</td> <td></td> </tr> </table> <p><input checked="" type="checkbox"/> For more information phone us on 13 28 61.</p>	<input type="checkbox"/> age pension	<input type="checkbox"/> special needs pension	<input type="checkbox"/> disability support pension	<input type="checkbox"/> carer pension	<input type="checkbox"/> wife pension	<input type="checkbox"/> special benefit, or	<input type="checkbox"/> sole parent/parenting payment (single supplement)	<input type="checkbox"/> veterans' affairs pension with a pensioner concession card.	<input type="checkbox"/> widow B pension		<p>The entity is claiming a refund because:</p> <p><input type="checkbox"/> the account is in the name of a society, club or other organisation whose income is exempt under Division 50 of the <i>Income Tax Assessment Act 1997</i>, or</p> <p><input type="checkbox"/> the account is the name of a non-profit company whose taxable income is not more than \$416 per annum.</p> <p><input checked="" type="checkbox"/> For more information phone us on 13 28 66.</p>
<input type="checkbox"/> age pension	<input type="checkbox"/> special needs pension										
<input type="checkbox"/> disability support pension	<input type="checkbox"/> carer pension										
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<input type="checkbox"/> sole parent/parenting payment (single supplement)	<input type="checkbox"/> veterans' affairs pension with a pensioner concession card.										
<input type="checkbox"/> widow B pension											

5 Provide details of refund claim and attach evidence

Investment body name	Account number	Date deducted	Amount \$
Total of refund			

Documentary evidence

You must provide evidence to support your claim. Examples of acceptable documents include photocopies of passbooks, account statements, written advices on the investment body's letterhead, term deposit advice, dividend statements and unit trust distribution advices. The photocopies must clearly show the name of the account, the account number, the name of the investment body, the amount deducted and the date the amount was deducted. **Do not send original documents.**

Section B: Declaration – must be completed by the account holder/s or an authorised person if you are a non-individual/entity

Before you sign this form

Please check that the information you have provided is true and correct.

Penalties

Please be aware that penalties may be imposed for giving false or misleading information.

Privacy

The Tax Office is authorised to collect the information requested on this form by the *Income Tax Assessment Act 1936*. This information helps us to administer tax laws and correctly identify your tax records.

I/We have notified the investment body of the account holder/s TFN or ABN, or exemption status.

I/We declare that this is the first and final claim for a refund of this amount. It will not be claimed in a tax return or from the investment body.

If a joint account, all account holders applying for a refund must sign. If there are more than two account holders, please attach additional details.

Print name

Position/title

Signature

Date / /

Print name

Position/title

Signature

Date / /

Lodging your application

Keep a copy of this completed application for your own records and send the original with supporting documentation to:

Australian Taxation Office
PO Box 9811
MOONEE PONDS VIC 3039

OFFICE USE ONLY

Payer reference

Refund no.

Processed by

APS level

Signature

Date / /

Authorised by

APS level

Signature

Date / /