

express **TAX BACK** application

Today Date

NAME M / F YEAR

DATE OF BIRTH TAX FILE NUMBER (TFN)

MOBILE HOME PHONE

EMAIL

DATE ARRIVED DEPARTED PASSPORT #

HOME ADDRESS (Parents Overseas)
.....
.....
.....
.....

EMPLOYMENT / JOB DETAILS Main occupation

1 Name Phone
ABN Date Start Date End
Gross Wages \$ Tax Paid \$

2 Name Phone
ABN Date Start Date End
Gross Wages \$ Tax Paid \$

3 Name Phone
ABN Date Start Date End
Gross Wages \$ Tax Paid \$

4 Name Phone
ABN Date Start Date End
Gross Wages \$ Tax Paid \$

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 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

Complete below for non-Australian bank (o'seas telegraphic transfer bank charges \$38)

IBAN / BRANCH CODE
(euro payment must have IBAN)

BRANCH STREET ADDRESS

.....

APPOINTMENT OF AGENT & GENERAL POWER OF ATTORNEY

Principal **SURNAME, FIRST**

Principal **ADDRESS**

Principal **TAX FILE NUMBER** **DATE OF BIRTH**

Attorney and agent name Ronald Daubaras & 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 hereby appoint Ronald Daubaras and Express Tax Services Pty Ltd 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
.
(signature - you sign)

in the presence of
.

express **SUPER REFUND** application

Today Date

NAME Male / Female

DATE OF BIRTH T F N

EMAIL

DATE ARRIVED DATE DEPARTED

PASSPORT No. COUNTRY ISSUED

HOME ADDRESS (Parents home)
.....
.....
.....
.....

HOME PHONE

SUPER FUNDS DETAILS

- * You must have **left Australia** and your **visa has expired** to claim your superannuation refund.
- * Allow 60 days after your visa has expired (1 year after date of entry) for the money to be forwarded.
- * To avoid delay you must complete all details correctly. * Payment is by cheque only

If Super Fund name not known, complete employer name & phone number

1 FUND Member No.
Employer Phone

2 FUND Member No.
Employer Phone

3 FUND Member No.
Employer Phone

4 FUND Member No.
Employer Phone

PLEASE POST CLEAR PHOTOCOPIES - when photocopying enlarge the copy to 150%

- Passport Photo page Australian passport departure stamp
- Australian Visa or email 2 forms of ID (Drivers license, Social Security ID, University Card, ATM card)
- Australian passport entry stamp Any super fund correspondences, statements or membership card.

JOB DETAILS – LOST PAYSLIP
only complete if you have lost your final payslips

NAME TFN

EMPLOYER 1 – Business Name	
Aust Business Number (ABN)	
Employer Phone Number	
Approx Start & Finish Date	
Gross Salary	
Tax Paid	

EMPLOYER 2 – Business Name	
Aust Business Number (ABN)	
Employer Phone Number	
Approx Start & Finish Date	
Gross Salary	
Tax Paid	

EMPLOYER 3 – Business Name	
Aust Business Number (ABN)	
Employer Phone Number	
Approx Start & Finish Date	
Gross Salary	
Tax Paid	

EMPLOYER 4 – Business Name	
Aust Business Number (ABN)	
Employer Phone Number	
Approx Start & Finish Date	
Gross Salary	
Tax Paid	