

WORKING HOLIDAY APPLICATION 2006

How did you hear about our service? (please tick)

British Balls Magazine TNT Magazine Referral

Website Flyer Sign Outside

Other (please specify) _____

MALE FEMALE DATE OF BIRTH _____

LAST NAME _____

FIRST NAME _____ OTHER NAME _____

TAX FILE NO _____

DID YOU APPLY FOR AN AUST BUSINESS NUMBER (ABN)? YES NO

IF YES, WHAT IS YOUR ABN NUMBER? _____

AUSTRALIAN RESIDENTIAL ADDRESS (NOTHING WILL BE MAILED TO THIS ADDRESS)

STREET ADDRESS _____

SUBURB _____ STATE _____ POST CODE _____

EMAIL _____

PHONE (M) _____ (O/SEAS CONTACT NO) _____

MAIN OCCUPATION IN AUST *eg Waiter, Telesales, Admin* _____

DATE ARRIVED IN OZ: _____ EXPECTED DEPARTURE: _____

RETURNS TO LODGE: 2005 2006

REFUND INSTRUCTIONS, PLEASE TICK PREFERRED METHOD OF PAYMENT,

AUST BANK MAIL CHEQUE OVERSEAS INTERNATIONAL TRANSFER

AUSTRALIAN BANK OR TELEGRAPHIC TRANSFER BANK DETAILS (EXACT DETAILS REQUIRED)

BANK NAME _____ BANK BSB CODE / SORT CODE _____

ACCOUNT NUMBER _____ ACCOUNT NAME _____

OVERSEAS HOME ADDRESS

SIGNED _____ DATE _____

POWER OF ATTORNEY

Of (Aus Address) _____

hereby appoint **Timothy D Trumbull** of Level 1, 464 Oxford St Mall Bondi Junction NSW 2022 as my Power of Attorney solely and exclusively to undertake (i) the preparation and lodgment of my 2005 and 2006 Australian income tax return(s); (ii) to include our fee as agreed; (iii) include claims listed by me in Schedule A below; and (iv) preparation and lodgments of any amendments thereto that may be required.

Mr Trumbull is not authorised to undertake any other activities on my behalf.

did thisday of 2006
 Month

ature
 < Letters []

did Accounting/Rapid Refunds Representative

..... Dated.....
 thy D Trumbull

I hereby certify that I have to submit a total of PAYG Summaries for 2004-05 Year

A total of PAYG Summaries for 2005-06 Year

Work Related Expenses - Schedule A

	2004-05 Year	2005-06 Year	Comments
Bank Fees	\$	\$	
Laundry	\$	\$	
Tools	\$	\$	
Uniform	\$	\$	
Books	\$	\$	
Travel Expenses during working hours	\$	\$	
Courses	\$	\$	
Other			

TAXBACK RESIDENCY CERTIFICATION

To get your Australian taxback you must qualify in any one of the four categories below.

Where you understand you have qualified, tick the 'YES' column in the relevant Category and fill in the dates starting from No. 1.

Eliminate each category starting from No. 1 until you fall under one of the categories.

	Category Continuous Employment	YES	NO	Start and finish dates	
1	You have previously applied for, and received, Australian Taxback				IF YOU ANSWERED NO PLEASE CONTINUE
2	Minimum 4-months residence & continuous employment with one employer				IF YOU ANSWERED NO PLEASE CONTINUE
3	5-months residence & continuous employment with two or more employers				IF YOU ANSWERED NO PLEASE CONTINUE
4	<div style="border: 1px solid black; padding: 2px;">Category 183 Day (6-months) Test</div> Resided in Australia for at least 6 months in one tax year (which runs July 1 st through June 30 th)	<div style="border: 1px solid black; padding: 2px;">Yes</div>	<div style="border: 1px solid black; padding: 2px;">No</div>	<div style="border: 1px solid black; padding: 2px;">Arrival & Departure Dates</div>	IF YOU <div style="border: 1px solid black; padding: 2px;">ANSWERED NO</div> PLEASE SEE A <div style="border: 1px solid black; padding: 2px;">STAFF</div> <div style="border: 1px solid black; padding: 2px;">MEMBER</div>

Signed

Date

Name

Block Letters please



**Paperwork Duties & Follow-up requested of
Skilled Accounting Pty Ltd / Rapid Refunds**

ABN: 33 002 054 408

Date Due to start chase up: _____

Tick Tax Year

1. Employers Name: _____ Tel. _____ 2005

Contact Person: _____ Fax. _____ 2006

Address: _____

2. Employers Name: _____ Tel. _____ 2005

Contact Person: _____ Fax. _____ 2006

Address: _____

3. Employers Name: _____ Tel. _____ 2005

Contact Person: _____ Fax. _____ 2006

Address: _____

4. Employers Name: _____ Tel. _____ 2005

Contact Person: _____ Fax. _____ 2006

Address: _____

Total Payment Summaries Expected _____ (\$20 each)

Medicare Levy Exemption Certification
(\$35 Processing Fee if applicable)

Signed: _____

Date: _____

-----**For Office Use**

Medicare Signed:
Medicare Mailed:
Medicare Cert Recd:

Date:
Date:
Date:

Expenses to be added: \$

Service of Notice*

for 2006 PAYG Summary or Statement or Earnings

Date: _____

To: _____

Company: _____

Fax No: _____

From: _____

I _____ hereby request _____,

Employee's Name

Employer's Name

copy of my "PAYG Summary" or signed "Statement of Earnings" for the tax year 2005-06 to be sent within 14 days to Skilled Accounting Pty Ltd /Rapid Refunds for early lodgement of my 2006 tax return.

Authorised _____

Signature of Employee (please sign)

Date _____

Forwarding details: **Skilled Accounting Pty Ltd / Rapid Refunds** ABN 33 002 054 408
Level 1, 464 Oxford Street, Bondi Junction NSW 2022
F (02) 9386 5366 T (02) 93865333
Email: info@skilledaccounting.com

Submitted by:

* 14 day period for issuance of a Part-Year PAYG Summary is required pursuant to TAA. Sch 1 Sec 16-160