express TAX BACK application Today Date
NAME M / F YEAR
DATE OF BIRTH DD / MM / YYYY TAX FILE NUMBER (TFN)
MOBILE HOME PHONE
EMAIL
DATE ARRIVED   DD / MM / YYYY   DEPARTED   DD / MM / YYYY   PASSPORT #
HOME ADDRESS (Parents Overseas)
EMPLOYMENT / JOB DETAILS Main occupation
1 Name Phone
ABN Date Start MONTH / YEAR Date End MONTH / YEAR
Gross Wages \$ Tax Paid \$
2 Name Phone
ABN Date Start MONTH / YEAR Date End MONTH / YEAR
Gross Wages \$ Tax Paid \$
3 Name Phone
ABN Date Start MONTH / YEAR Date End MONTH / YEAR
Gross Wages \$ Tax Paid \$
4 Nome
4 Name Phone
ABN Date Start MONTH / YEAR Date End MONTH / YEAR
Gross Wages \$ Tax Paid \$

	Name	
	Address	
To: Express Tax Services Pty Level 6 155 Castlereagh Sydney NSW 2000		
BANK DETA	ILS & ACCOU	NT AUTHORITY LETTER
I, (name)		
to deposit any money received including any tax and superant the purpose of applying the way Professional fees and disburses of the preparation of my incompared to the preparation of my incompared to the preparation of the	ed by Exprenuation refunded or a ments that International that International the refunded in t	E Level 6, 155 Castlereagh Street Sydney, ess Tax Services Pty Ltd on my behalf fund cheques, into your bank account for part of it in payment of any bills for Express Tax have rendered to me in respect rns and any other work I have instructed d is to be sent to me at the above address s detailed below.
X		
Dated:		
INSTRUCTION FOR PAYMENT OF YOUR I	REFUND (Circ	le 1 or 2 or 3)
1. Post to above address		
2. Australian bank details		
3. Non-Australian bank details fo	or telegraph	ic transfer
BSB		
ACCOUNT NUMBER		
NAME OF BANK		
Complete below for non-Australian	n bank (o'se	as 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
by
of
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
in the presence of

## 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	