

**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.

and this .....day of ..... 2006  
 Month

Signature .....  
 in Letters [ ]

and Accounting/Rapid Refunds Representative

..... Dated.....  
 Timothy 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 <sup>st</sup> through June 30 <sup>th</sup> )	<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 &amp; Departure Dates</div>	<div style="border: 1px solid black; padding: 2px;">IF YOU ANSWERED NO PLEASE SEE A STAFF 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:	Date:	Expenses to be added: \$
Medicare Mailed:	Date:	
Medicare Cert Recd:	Date:	

## 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 /Taxback for early lodgement of my 2006 tax return.

Authorised \_\_\_\_\_

Signature of Employee (please sign)

Date \_\_\_\_\_

Forwarding details: **Skilled Accounting Pty Ltd / Taxback** 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