

# **AUTHORITY & TAX AGENT APPOINTMENT**

Name: \_\_\_\_\_

*Of (address):*

<b>Number:</b>	<b>Street:</b>
<b>Suburb:</b>	<b>City/Town:</b>
<b>County:</b>	<b>State/Province:</b>
<b>Postcode/Zip:</b>	<b>Country:</b>
<b>Date of Birth (DD/MM/YYYY):</b> ____/____/____	<b>Tax File Number (TFN):</b>

I hereby authorise & appoint the accounting & tax agent firm of:

***INCOME TAX RETURNS PTY LIMITED (TAX AGENT NO. 24629-963) of  
FIRST FLOOR, 1A MORTS ROAD MORTDALE, NSW 2223,***

to act on my behalf in the capacity of accountants and registered tax agents, to prepare and sign my personal income tax return based upon information provided by me for the year of income ended on 30/06/2014.

I, the above-mentioned, also hereby authorise & appoint the accounting & tax agent firm of **INCOME TAX RETURNS PTY LIMITED (TAX AGENT NO. 24629-963)**, to act on my behalf in the collection of lost documents (which includes, but not limited to), PAYG Payment Summaries/Group Certificates, Pay slips, and other documents which in their capacity as accountants and registered tax agents, will allow them to correctly prepare and sign my personal income tax return for the year of income ended on 30/06/2014, based on the information I have provided to them.

I have understood & agree to the above, and agree to sign this document in the space below.

\_\_\_\_\_  
(Signature)

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Date Signed)

Client Ref:

***Income Tax Returns Pty Limited (ABN: 96 161 224 184)***

Year Ended 30 June 2014

## **AUTHORITY TO ACT & FEE-FROM-REFUND AUTHORITY**

Name: \_\_\_\_\_

*Of (address):*

Number:	Street:
Suburb:	City/Town:
County:	State/Province:
Postcode/Zip:	Country:
Date of Birth (DD/MM/YYYY): ____/____/____	Tax File Number (TFN):

I hereby authorise & appoint the accounting & tax agent firm of:

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FIRST FLOOR, 1A MORTS ROAD MORTDALE, NSW 2223,***

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I understand the fee to prepare my personal income tax refund is as follows:

- i. **9.9% of my refund to a maximum capped fee of AUD\$165.00 (inclusive of GST)**
- ii. **\$5 service fee per missing document/payment summary**
- iii. **If there is a requirement to transfer my refund to my overseas/foreign bank account, I understand there is an extra fee of \$35 for each transaction made.**

I also hereby authorise the accounting firm of **INCOME TAX RETURNS PTY LIMITED (TAX AGENT NO. 24629-963)** to deposit any money received on my behalf referable to my Taxation affairs (which includes, but not limited to any income tax refund cheques in my favour), into their client trust account as to the time in which fees mentioned above for their professional services are paid in full. I declare that I have supplied **INCOME TAX RETURNS PTY LIMITED (TAX AGENT NO. 24629-963)** my bank account details and agree for the above mentioned fee(s) to be deducted from any income tax refunds I am in receipt of, and have the balance credited to the bank account I have supplied under instruction.

I understand & agree to the above, and agree to sign this document in the space below.

\_\_\_\_\_  
(Signature)

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Date Signed)

Client Ref:

***Income Tax Returns Pty Limited (ABN: 96 161 224 184)***

Year Ended 30 June 2014