

APPOINTMENT OF AGENT & GENERAL POWER OF ATTORNEY

Principal SURNAME, FIRST .....

Principal ADDRESS .....

.....

Principal TAX FILE NUMBER .....

Date Of Birth .....

Attorney and Agent Name Perry Rizzo & Partners / Backpacker Tax Refunds

Attorney and Agent Address 371 Enmore Road, Marrickville, NSW, 2204

Contact Telephone Number +61 2 9550 5546 Fax Number +61 2 8456 6060

Part 1 - General

This power of attorney is made on the.....(date)

By.....(your name)

Of.....(address)

I hereby appoint the accounting firm of **Perry Rizzo & Partners / Backpacker Tax Refunds** of 371 Enmore Road, Marrickville NSW 2204. 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 and;
- g) take any other responsible actions which based on their professional opinion are in my best interests whilst carrying out their duties as my attorney.

This power of attorney shall remain in full force and effect until the completion of my taxation and superannuation affairs.

Signed, sealed and delivered by X  
.....  
(Principal's signature – you sign)

In the presence of X  
.....  
(WITNESS'S NAME) (Witness's signature)

.....  
(WITNESS'S ADDRESS)