Australian Government
Australian Taxation Office

Tobacco growers – Request to amend a tax return

Reason for amendment: Tobacco growers' adjustment assistance programme

Section A: **Your details**

1 Tax file number (TFN) ☐☐☐ ☐☐☐ ☐☐☐

We are authorised by the *Taxation Administration Act 1953* to collect your TFN. It is not an offence not to provide your TFN. However, failure to provide your TFN may result in a delay in correctly identifying your tax records and processing your amendment request.

2 Full name

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

First given name

Other given name

3 Date of birth Day ☐☐ / Month ☐☐ / Year ☐☐☐☐

4 Postal address (if different to the postal address on your last tax return)

Suburb/town

State/territory ☐☐☐

Postcode ☐☐☐☐

5 What is your daytime phone number? ☐☐☐☐☐☐☐☐☐☐

Section B: **Details of the tax return amendment**

6 Income year of tax return to be amended ☐☐☐☐

7 Add net capital gain of $☐☐☐,☐☐☐,☐☐☐.00 (Label 17A)

Your net capital gain is the amount left after taking your capital losses, discount and small business concessions into account.

For more information about how to calculate your net capital gain or loss:

- refer to our website at **www.ato.gov.au/businessCGT** and select 'Capital gain tax concessions for small business 2006–07'
- refer to *Guide to capital gains tax 2006–07* (NAT 4151–6.2007)
- contact your tax advisor
- phone us on **13 28 66**.

For more information about industry assistance grants for tobacco growers, refer to *Tax and restructuring grants* (NAT 72199).

Section C: **Tobacco growers in the North Queensland region**

8 Have you declared a tobacco grant capital gain in the incorrect year and were a tobacco grower in the North Queensland region?

No ☐

Yes ☐ Amend tax return for the income year ☐☐☐☐

Remove the net capital gain of $ ☐☐☐,☐☐☐,☐☐☐.~~XX~~ (Label 17A)

Section D: **Further details**

9 Please remit any penalties and interest in accordance with the tobacco grant penalty and interest remission policy.

If you have any additional requests, state the details below

Section E: **Declaration**

Before you sign this form
Check you have completed it fully.

Privacy
We are authorised by the *Income Tax Assessment Act 1936* to ask for the information on this form. We need this information to help us process your amendment request. Where authorised by law, we may give this information to other government agencies such as:

- Centrelink
- Department of Families, Housing, Community Services and Indigenous Affairs
- Veterans' Affairs
- Department of Education, Employment and Workplace Relations.

I declare that:

- *the information I have given in this amendment form is true and correct, including any attachments*
- *I have the necessary records to support my claims for amendment, and*
- *I give authority to change my address to the postal address shown.*

I understand that penalties may be imposed for giving false or misleading information.

Signature

Date
Day ☐☐ / Month ☐☐ / Year ☐☐☐☐

Lodging your amendment request

Post your amendment request to:

Australian Taxation Office
GPO Box 5056
SYDNEY NSW 2001

IN-CONFIDENCE – when completed