

Application by an Australian resident investor for refund of tax file number amounts deducted

Use this application if you want to claim a refund of amounts your investment body (for example, your bank, building society, credit union, company in which you own shares or unit trust) withheld because you either didn't:

- quote your tax file number (TFN)
- quote your Australian business number (ABN)
- advise of your exemption from quoting either of these.

These amounts may have been withheld from interest, dividends or unit trust distributions your investment body paid you.

If your reason for claiming a refund is not listed in Question 7, you can't use this form.

If you're not an Australian resident for tax purposes and TFN withholding tax has been deducted from your investment income, phone us on **13 28 61**.

When completing this application

- Type in ALL CAPS before printing the form OR print clearly in BLOCK LETTERS using a black pen.
- Don't use a highlighter pen.
- Place **X** in ALL applicable boxes.
- Complete all relevant sections, attach documentary evidence to support your claim and place form on top.

Se	ection A: Applicant details				
1 What is your tax file number (TFN) or Australian business number (ABN)?					
	TFN (if known) OR ABN (if known)				
•	We are authorised by law to ask for a TFN. You are not required by law to provide us with a TFN, however, quoting TFNs reduces the risk of administrative error that could delay the processing of this form.				
2	What is the full name (or names) as shown on the account?				
3	For an individual applicant, what is your date of birth?				
	Day Month Year Year				
4	What is your postal address?				
	Street address				
	Suburb/town/locality State/territory Postcode				
5 The refund may be issued electronically to your active Australian financial institution account. Provide details below.					
	BSB Account number				
	If you don't have an active Australian financial institution account, your refund cheque will be mailed to the postal address above.				

Phone				
 :mail				
TTION				
In providing your email for communication paccept the potential risks associated with the				
Why are you claiming a refund?	ie use of efficilities it is flot s	ecure.		
ou can only claim a refund directly from us if you ody, but have not done so. If you can't select odge a tax return to claim a credit for the TFN	one of the boxes below, y			
ndividuals	Non-Indiv	riduals		
am claiming a refund because I receive ne following pension or benefit (or both)		The entity is claiming a refund because		
Age pension Special needs per	organis	scount is in the name of a s sation whose income is ex Income Tax Assessment A	empt under Division 50	
Disability support Carer payment	The ac	ecount is the name of a nor e income is not more than	n-profit company whos	
		For more information phone us on 13 28 66 .		
Wife pension Special benefit	For mo	ore information prione us of	11 10 20 00.	
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Parenting Veterans' affairs p a pensioner concern Widow B pension Provide details of your refund claim and	ension with ession card attach evidence			

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Section B: **Declaration**



Must be completed by the account holder (or holders) or an authorised person if you are a non-individual or entity

Before you sign this form

Check that the information you have provided is true and correct.

Penalties

Be aware that penalties may be imposed for giving false or misleading information.

Taxation law authorises the ATO to collect information including personal information about the person authorised to sign the declaration. For information about your privacy, go to ato.gov.au/privacy

I/We have notified the investment body of the account holder (or holders) TFN or ABN, or exemption status.

I/We declare that this is the first and final claim for a refund of this amount. It will not be claimed in a tax return or from the investment body.

If a joint account, all account holders applying for a refund must sign. If there are more than two account holders, attach additional details.

Name	Name	
Position or title (non-individual)	Position or title (non-individual)	
Signature	Signature	
Date	Date	
Day Month Year	Day Month Year	

Lodging your application

Keep a copy of this completed application for your own records and send the original with supporting documentation to:

Australian Taxation Office PO Box 1032 **ALBURY NSW 2640**