



# Product stewardship for oil program Request to amend a claim

Complete this form to change a claim you have made under the Product stewardship for oil program (PSO).

- Phone us on **13 28 66** if you:
  - need help completing this form
  - need more information about the PSO program or visit our website at [ato.gov.au/psa](http://ato.gov.au/psa)

## Filling in your application

- You can fill in this form electronically by typing straight into the boxes provided.
- If you are not filling in this form electronically, print clearly in BLOCK LETTERS.

## Claimant details

### 1 Who is the claimant?

Legal or Business name

Australian business number (ABN)









Client account number (CAN)




### Postal address

Street number and name or post office box

Suburb/town

State/territory




Postcode






## Claim amendment

### 2 Claim reference number (shown at top right of your claim assessment)






















### 3 Claim period

From Day  / Month  / Year   to Day  / Month  / Year

### 4 Claim quantities

Category number	Category description eg low grade industrial burner oil	Claimed volume/quantity Round to nearest litre/kilogram	New volume/quantity Round to nearest litre/kilogram
<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>
<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>
<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>
<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>
<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>

## 5 Reason for amendment


## Declaration

### Privacy

We collect the information on this form to administer the PSO program. We can do this under the *Products Grants and Benefits Administration Act 2000* (PGBA Act). All the information you provide is confidential and protected by the PGBA Act and the *Privacy Act 1988*.

We may give some of the information you have provided to government agencies that are authorised to receive it. These include the Australian Bureau of Statistics and the Department of the Environment and Energy. For more information about your privacy, go to [ato.gov.au/privacy](http://ato.gov.au/privacy)

### If you are claiming on your own behalf

I declare:

- I am entitled to a product stewardship for oil benefit
- all the information I have supplied in this claim is true and correct
- I will keep records that support this claim for five years after the claim is made
- all recycled oils I produce and claim for under this program comply with relevant state or territory government laws and conditions and any other conditions in the *Product Stewardship (Oil) Scheme Regulations 2000*
- if I am claiming for categories 1–5, I:
  - have a current Excise manufacturer's licence under the Excise Act 1901
  - hold all the state and territory government authorisations or permits I need to conduct oil recycling activities.

### If you are an agent

I declare:

- this document has been prepared in accordance with information supplied by the entity
- I have received a declaration from the entity stating that the information provided to me is true and correct
- I am authorised by the entity to give this document to the Commissioner of Taxation.

Name

Sign and date below (if **not** lodging by Online services for business or Online services for agents)

Date

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## Lodging your claim

Keep a copy of your completed form for your records and lodge the original via:

- Online services for business or Online services for agents
- mail to:

**Australian Taxation Office**  
PO Box 3007  
PENRITH NSW 2740

**!** Make sure you check your figures before sending us your form. You may be required to repay part or all of your claim if you make:

- an error resulting in an over-claim, or
- unreasonable and or unsupported claims.

Penalties and deregistration may also apply.

For other lodgment options, call us on **1300 137 290**.