



Excise remission

WHEN TO USE THIS APPLICATION

You should complete this form if you are entitled to apply for a remission of excise duty payable on goods that have not been delivered into home consumption.

COMPLETING YOUR APPLICATION

- Read the instructions on how to complete this application.
- You must provide the additional information described in the instructions when you lodge this application.
- Answer all questions.
- Place **X** in all applicable boxes.
- If you need help, phone us on **1300 137 290**.

Section A: Applicant details

1 Australian business number (ABN)/Excise identification number

! While it is not compulsory to provide your ABN, it will help us process your application promptly.

2 Client account number

3 Applicant name

4 Your reference

--

5 Agent's name (if applicable)

Section B: Product details

! Attach a separate sheet if there is insufficient space to complete details.

Line

Tariff item

A

Remission code

B

! If the goods are being destroyed, specify below when and where this will occur. Provide an address if this is not done at your premises.

Quantity in dutiable units

C ,, · Sticks – cigarettes Kilograms LALS – litres of alcohol Litres
 Other (specify)

Additional information

D

Line

Tariff item

A

Remission code

B

! If the goods are being destroyed, specify below when and where this will occur. Provide an address if this is not done at your premises.

Quantity in dutiable units

C ,, · Sticks – cigarettes Kilograms LALS – litres of alcohol Litres
 Other (specify)

Additional information

D

Line

Tariff item

A

Remission code

B

! If the goods are being destroyed, specify below when and where this will occur. Provide an address if this is not done at your premises.

Quantity in dutiable units

C ,, · Sticks – cigarettes Kilograms LALS – litres of alcohol Litres
 Other (specify)

Additional information

D

Section C: Total product lines

Number of product lines completed

Total number of pages submitted

Section D: Declaration

Privacy

Tax law authorises us to collect information and disclose it to other government agencies. This includes personal information of the person authorised to sign the declaration. For information about your privacy, go to ato.gov.au/privacy

I am a person duly authorised to make this claim for a remission and declare that the information provided is true and correct.

Name

Position

Daytime phone number (including area code)

Fax

Email

Sign and date below if you are sending by fax or post or delivering by hand

Date

Day Month Year
 / /

Lodging your application

Keep a copy of your completed application for your records and lodge the original with all the necessary attachments via:

- the Business Portal
- fax on **1300 130 916**
- one of our shopfronts
- mail to
Australian Taxation Office
PO Box 3514
ALBURY NSW 2640