



Request for amendment of income tax return lodged by tax professionals

Complete this form to amend an income tax return on behalf of a client if you are a tax professional and you are unable to lodge electronically.

HOW TO COMPLETE THIS FORM

- Print clearly using a black or blue pen only.
- Use BLOCK LETTERS and print one character in each box.
- Place in all applicable boxes.

MORE INFORMATION

If you need more information about amendment requests, you can:

- Visit www.ato.gov.au
- Phone **13 72 86**.

Do **not** use this form if you are amending a self managed superannuation fund (SMSF) annual return.

If you want to amend an SMSF annual return for 2008 or later, you should complete the *Self managed superannuation fund annual return* (NAT 71226). Indicate at Question 5 that you are making an amendment.

Section A: Details of the client amending

1 **Tax file number**

The Tax Office is authorised by law to request your client's TFN. You are not obliged to quote your client's TFN but not quoting it could increase the chance of delay or error in processing your application.

2 **Year to be amended**

3 **Full name**

Individuals name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given name

Company/Trust/Partnership/Fund name

Section B: Contact details

4 **Tax agent registration number**

5 **Date of application** / /

6 **Phone number**

Provide your phone number during business hours as we may need to contact you regarding this amendment request.

7 **Fax number**

8 Contact person for this amendment

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given name

9 Postal Address

The amended assessment will be sent to the address for service of client named in question 3.

Has the postal address changed since the client has lodged their last tax return?

No Yes Provide details below

Suburb/town

State/territory

Postcode

10 Do you want to use electronic funds transfer (EFT) if you are due for a refund as a result of the amendment?

No Yes Provide details below

BSB code (please include all six numbers)

Account number

Full account name

Section C: Details of amendment

11 Why are you requesting the amendment?

You must explain why your client made the mistake or why you are requesting the amendment and include specific details of what is being adjusted. In the event of a debit amendment we may use this information to assess or reduce any penalties or interest charges that might apply. Attach additional information if the space provided is not adequate.

12 What information do you want to amend?

Amendment 1

Question number from tax return (if applicable)

Alpha label on tax return

Label description (eg, salary or wages, work related car expenses, zone rebate)

Amount of adjustment \$

Include or exclude (+ or -)

Claim type code letter (if required)

Amendment 2

Question number from tax return (if applicable)

Alpha label on tax return

Label description (eg, salary or wages, work related car expenses, zone rebate)

Amount of adjustment \$

Include or exclude (+ or -)

Claim type code letter (if required)

12 What information do you want to amend? *continued*

Amendment 3

Question number from tax return (if applicable) Alpha label on tax return

Label description (eg, salary or wages, work related car expenses, zone rebate)

Amount of adjustment \$, . Include or exclude (+ or -) Claim type code letter (if required)

Amendment 4

Question number from tax return (if applicable) Alpha label on tax return

Label description (eg, salary or wages, work related car expenses, zone rebate)

Amount of adjustment \$, . Include or exclude (+ or -) Claim type code letter (if required)

Amendment 5

Question number from tax return (if applicable) Alpha label on tax return

Label description (eg, salary or wages, work related car expenses, zone rebate)

Amount of adjustment \$, . Include or exclude (+ or -) Claim type code letter (if required)

Amendment 6

Question number from tax return (if applicable) Alpha label on tax return

Label description (eg, salary or wages, work related car expenses, zone rebate)

Amount of adjustment \$, . Include or exclude (+ or -) Claim type code letter (if required)

Amendment 7

Question number from tax return (if applicable) Alpha label on tax return

Label description (eg, salary or wages, work related car expenses, zone rebate)

Amount of adjustment \$, . Include or exclude (+ or -) Claim type code letter (if required)

13 Can you provide additional information?

(eg, reference to private ruling, payment summaries or additional information that applies to the item being changed)

Attach additional information if the space provided is not adequate.

No Yes Provide details below

Checklist

- Ensure that you have written authorisation to act on behalf of the individual or entity in relation to their amendment.
- Is the request for amendment within the appropriate period of review time frame?
More information on periods of review is available on our website www.ato.gov.au
- If the amendment is a result of a private ruling, ensure that you have provided the authorisation or reference date of the private ruling (these appear on the first page of the ruling)
- Have you provided appropriate information/documentation to support your amendment request?

Declaration

Privacy

We are authorised by the *Income Tax Assessment Act 1936* and the *Income Tax Assessment Act 1997* to ask for information in this form. We need this information to help us to administer the taxation laws. We may give this information to other government agencies authorised by law to receive it – for example, benefit payment agencies such as Centrelink, the Department of Education, Employment and Workplace Relations and the Department of Families, Housing, Community Services and Indigenous Affairs; law enforcement agencies such as the National Crime Authority; and other agencies such as the Child Support Agency, the Australian Bureau of Statistics and the Reserve Bank of Australia.

If you are an agent, by signing this form you are declaring that:

- *this document and any attached documents have been prepared in accordance with the information supplied by the entity identified on this form and, where applicable, in the attached documents*
- *you have received a declaration from the client identified on this form and, where applicable, in the attached documents, stating that the information provided for the preparation of each document is true and correct, and*
- *you are authorised by the client identified on this form and, where applicable, in the attached documents to give this amendment to the Commissioner.*

If you are a legal personal representative, by signing this form you are declaring that:

- *the information contained in this document, and any attached documents, is true and correct.*

Name of signatory

Signature

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"/>

How to lodge your form

You can lodge this amendment by fax or post or by hand delivering it to us.

Fax or Post

Keep a copy of this form and any supporting documents for your own records.

Fax the form and supporting documents to:

1300 730 239

Mail the original form and supporting documents to:

Australian Taxation Office

GPO Box 5056

SYDNEY NSW 2001