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First Name:

Last Name:

Date of Birth:

Tax File Number:

Address:

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Bank BSB:

Account Number :

Account Name:

Visa Status:

Date of Visa Arrival:

Date of Visa Departure:

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Occupation:

Employer:

Private Health:

Medicare Exemption Certificate:

Tel/Mobile Number:

Email:

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Expenses Motor Vehicle Registration / Type:

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Travel:

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Clothing:

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Education:

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Other Expenses:

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Comments:

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Please send the completed form to the email or fax listed above: - Be sure to include your contact details and add any group certificates and other documents.

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You authorise Rosabeth Pty Ltd to lodge your tax return on your behalf and you understand the fees will be deducted from tax refund:

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Please enter your credit / debit card Number:

Expiry:

CCV:

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You are required to attached your vehicle registration and/or a letter from your employer stating that you require your vehicle to work. Attach any other receipts you wish to claim. By proceeding you declare that all the information is true and correct and you wish us to submit your tax return with all the claims you summerised above.