



Working Holiday Visa Tax Return Form

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A.B.N. 40 126 260 240

Were you referred to us? If so, by whom: _____

Number of PAYG Summaries: _____ **(please attach all)**

Title: _____ Name: _____ Middle Name: _____ Surname: _____

Date of Birth: _____

Australian Address: _____

Or

Overseas Address: _____

Mobile: _____ Alternate contact number: _____

Email Address: _____

Are you married or de facto (lived with your spouse for more than 6 months)? If yes, you must supply the ATO with details as below:

Spouses Full Name: _____ Date of Birth: _____ Spouses Taxable Income: _____

Job Type: _____ Employer: _____

Tax File Number: _____

Australian Bank Account Details BSB: _____ Account number: _____

Overseas Bank Account Details if you no longer hold an Australian Bank Account. An extra \$20 fee to P.H.A.T. Returns is required to transfer to overseas bank accounts.

Bank Account Number/SC: _____ Account Number/IBAN: _____

Bank Name: _____ and/or Bank City / Location: _____

OR

Bank SWIFT Code: _____

Are you entitled to an exemption from the Medicare Levy? If you are not from one of the nations listed below you can apply for an exemption via the link below.

- United Kingdom, Sweden, Finland, Norway, the Netherlands, Belgium, Slovenia, Malta and Italy

http://www.medicareaustralia.gov.au/public/files/ma_3169_application_for_certification_for_medicare_levy_exemption_purposes_011005.pdf

**Please fax or email this form and PAYG Summaries
A MINIMUM OF 24 HOURS PRIOR TO YOUR BOOKING
F: (03) 8648-6821/ E: taxinfo@phatreturns.com.au**