

Application for refund

Note:

- Please use BLOCK letters and ensure that all questions are completed and the declaration is signed.
- Details required on question 13 must be provided as a separate attachment. For refunds of Duty please attach actual document.
- Claim time limit – Applications for refunds can only be considered for overpayments made on or after 1 July 2004 and must be received within five years of the payment. In some cases, the State Revenue Office (SRO) may wish to verify claims by reviewing taxpayer records. Accordingly, documentary evidence must be retained to substantiate your claim.
- This form should not be used for PPR Concession, Pensioner Exemption/Concession or First Home Owner Exemption/Concession. Please use the form that is applicable to your refund.

TAXPAYER'S DETAILS

1. Name of taxpayer (insert full name of taxpayer/person for whom the refund is being sought, for example, Mr John Smith; Adam Wells Pty Ltd; XYZ Ltd as trustee for XYZ Unit Trust.

2. ACN (if applicable)

ABN (if applicable)

3. Taxpayer's postal address (give full details of taxpayer address. Refunds, if approved, will be forwarded to the taxpayer at this address unless otherwise authorised in writing by the taxpayer.)

4. Customer Number (if applicable)

5. Telephone number

Fax for remittance

CONTACT PERSON'S DETAILS (If more than one, please attach list)

6. Contact person's name (applying for this refund)

7. Contact person's address (if different to above)

8. Telephone number

Fax number

9. Relationship of contact person to taxpayer (for example, accountant)

REFUND DETAILS

10. Refund amount (insert the full refund amount you believe you are entitled to) \$

11. Tax type (for example, Payroll Tax, Land Tax or Duties).

12. Date of payment

Payment period
(if applicable)

From

To

13. Reason for request of refund – please attach details on a separate attachment.

You should detail in full the reasons (factual and/or legal) as to why you believe you are entitled to a refund. If known, refer to any relevant Act or section, ruling or precedent and explain why it may assist your application. You should also state how the overpayment occurred and the date or period applicable. A schedule of when the tax or duty was paid, and the period the overpayment relates to, if applicable, will help the SRO to process your refund faster. You should attach any other supporting documentation you consider relevant.

Note: A full statement of the reason for the refund request **MUST** be attached.

14. Are there any other taxes or duties currently owing to or in dispute with the SRO?

No Yes If yes, please give details below

Please attach a separate sheet if insufficient space

Has the name, address or status of the taxpayer changed since the monies were believed to be overpaid?

No Yes If yes, please give details below

Name/status

Address

State Postcode | | | | |

Has the tax or duty subject to the refund claim been charged to or recovered from another person or organisation?

No Yes If yes, please give details below

PAYMENT DETAILS

For your convenience and speed of payment, please complete the electronic funds transfer details for the account into which you would like the refund to be paid. If you prefer, payment may be made by cheque (please tick appropriate box).

Electronic Funds Transfer

Financial institution

Account name

Account BSB

| | | | - | | | |

Account number

| | | | | | | | | | | | | | | | | | | | | |

Fax number for remittance

Payment by cheque

Name of payee

Address of payee

State Postcode | | | | |

DECLARATION

This is to declare that the details contained in this application are true and correct and I make this application as the:

Please indicate as applicable

Taxpayer Authorised agent Representative of taxpayer

Signature

Date

 | | | | | | | | | | | | | |
 D D M M Y Y Y Y

Note: If you are not the taxpayer, or employee of the taxpayer, please provide an authority (for example, letter from taxpayer) to act on behalf of the claimant.

Name

Company

Position

5. Telephone number

Fax number

Mail

State Revenue Office, GPO Box 1641, MELBOURNE VIC 3001 or DX260090 Melbourne

In person

State Revenue Office, Level 2, 121 Exhibition Street, Melbourne

Hours of operation: Mon, Tues, Thurs, Fri – 8:30am to 4:30pm **Wed – 8:30am to 1:00pm**

Internet

Email

www.sro.vic.gov.au

Phone

sro@sro.vic.gov.au

Fax

13 21 61 (local call cost)
03 9628 6700