



# Application for re-registration as a tax agent

OFFICE USE ONLY	
Tax agent number	<input type="text"/>
Reference numbers	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

## When completing this form

Read *Applying for tax agent re-registration* (NAT 71174) before completing this form.

- Print clearly in BLOCK LETTERS using a black or blue pen.
- Place  in ALL applicable boxes.
- If insufficient space is provided at any item, attach the additional information to the application on a separate piece of paper.

## Applicant details

### 1 Is this an application for re-registration for an:

Individual  Date of birth   /   /     Partnership  Company

### 2 Name of registered tax agent

### 3 What is your business/trading name?

If you have not already advised the Tax Agents' Board of this trading name, enclose a copy of the Certificate of Registration of Business name.


4 Your tax agent registration number

5 Australian business number (ABN)

6 Tax file number (TFN)

You do not have to provide the TFN. However, if you do not there may be delays in processing the application.

### 7 Has there been a change of entity or a change in your business structure since the last re-registration?

No  Yes  You must contact the Tax Agent's Board in your state.

### 8 Postal address for service of notices

You must notify the Tax Agents' Board, in writing, of any change to your postal or street address.

Address


Suburb/town

State/territory

Postcode

## 9 Street address of principal place of business

This must be a street address, for example, 123 Smith St.

This cannot be a post office box number, roadside mail bag, roadside delivery or other delivery point address.

Suburb/town	State/territory	Postcode
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Business phone number	Business mobile phone number	Fax number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email address (print clearly)		
<input type="text"/>		

## 10 Street address of any other office

This must be a street address, for example, 123 Smith St.

This cannot be a post office box number, roadside mail bag, roadside delivery or other delivery point address.

Suburb/town	State/territory	Postcode
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Business phone number	Business mobile phone number	Fax number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email address (print clearly)		
<input type="text"/>		

**!** If you are an individual tax agent, without any nominees, proceed to question 12.

## 11 The following information is requested for all partners of partnerships, all executive officers of company partners, all executive officers of companies and all nominees of the registered tax agent. You must show all partners, directors and nominees.

**!** Any new nominees must complete an *Application for registration of an additional nominee* (NAT 0528).

### INDIVIDUAL ONE

**➤** Select more than one box if necessary.

Status: Partner  Nominee  Director  Executive officer  Executive officer of a company partner

Name

Tax file number

**!** You do not have to provide the TFN. However, if you do not there may be delays in processing the application.

### INDIVIDUAL TWO

**➤** Select more than one box if necessary.

Status: Partner  Nominee  Director  Executive officer  Executive officer of a company partner

Name

Tax file number

**!** You do not have to provide the TFN. However, if you do not there may be delays in processing the application.

### INDIVIDUAL THREE

**➤** Select more than one box if necessary.

Status: Partner  Nominee  Director  Executive officer  Executive officer of a company partner


Name

Tax file number

**!** You do not have to provide the TFN. However, if you do not there may be delays in processing the application.

**INDIVIDUAL FOUR**

 Select more than one box if necessary.

Status: Partner  Nominee  Director  Executive officer  Executive officer of a company partner

Name

Tax file number

 You do not have to provide the TFN. However, if you do not there may be delays in processing the application.

**12 Have you, as an individual, or any person listed at question 11, been disbarred, expelled or struck off from the practice of your profession, or have you been disciplined by a professional body or registration board (including a Tax Agents' Board) in the last 10 years?**

No  Yes  Provide details below

Name of body, date and nature of action etc, and reasons.


**13 Have you, as an individual, or any person listed at question 11, had membership or registration with a professional body or registration board (including the Tax Agents' Board) refused, cancelled or suspended in the last 10 years?**


No  Yes  Provide details below


**14 Have you, as an individual, or any person listed at question 11, been convicted or been placed under sentence for any offence in Australia or any other country in the last 10 years?**

No  Yes  Attach details

**15 Are you, as an individual, or any person listed at question 11, an undischarged bankrupt?**

No  Yes  Provide details below


 **Questions 16 to 18 should only be completed for company re-registration applications. Proceed to question 19 if you are not applying for re-registration as a company.**

**16 Has the company gone into liquidation?**

No  Yes  Provide details below


**17 Provide the full details of the current beneficial ownership of shares in the company by qualified directors**

**1** A qualified director is a director who is a fit and proper person under s251BC of the *Income Tax Assessment Act 1936*. Shares with at least 25% of the voting power of the company must be beneficially owned by one or more qualified director/s.

Name of shareholder		
<input type="text"/>		
Class of shares	Number of shares held	Percentage of voting power
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of shareholder		
<input type="text"/>		
Class of shares	Number of shares held	Percentage of voting power
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of shareholder		
<input type="text"/>		
Class of shares	Number of shares held	Percentage of voting power
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of shareholder		
<input type="text"/>		
Class of shares	Number of shares held	Percentage of voting power
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of shareholder		
<input type="text"/>		
Class of shares	Number of shares held	Percentage of voting power
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of shareholder		
<input type="text"/>		
Class of shares	Number of shares held	Percentage of voting power
<input type="text"/>	<input type="text"/>	<input type="text"/>

**18 Provide details of the issued share capital of the company and the voting rights attached to each class of shares**

Class of shares	Total number of shares issued	Voting rights attached
<input type="text"/>	<input type="text"/>	<input type="text"/>
Class of shares	Total number of shares issued	Voting rights attached
<input type="text"/>	<input type="text"/>	<input type="text"/>
Class of shares	Total number of shares issued	Voting rights attached
<input type="text"/>	<input type="text"/>	<input type="text"/>

**19 Is there any other matter which may affect your eligibility for re-registration?**

No  Yes  Provide details below

<input type="text"/>
<input type="text"/>
<input type="text"/>

**20 Payment**

Amount paid \$

Method of payment

BPAY  Receipt number  Date of payment   /   /

Cheque  Attach to the application form

# Checklist

## Application for re-registration as a tax agent

If you don't provide all the required information the processing of your application may be delayed.

Ensure that you have:

- answered all the questions
- signed the declaration, and
- attached the following:
  - correct fee payment if paying by cheque
  - Schedule of personal details* (NAT 15976) and two character references (NAT 15974) for each new partner, new executive officer and new executive officer of a company partner (if applicable)
  - copy of the *Certificate of registration of business name* (if applicable)
  - Statement of relevant employment for re-registration* (NAT 71175) (tax agents who were registered immediately before 1 November 1988 do not need to provide a statement of relevant employment.)
  - documents providing evidence of a change in name (if applicable).

# Declaration

## Before you sign this form

Check that you have provided true and correct information.

## Privacy

Part VIIA of the *Income Tax Assessment Act 1936* allows the Tax Agents' Board to request the information asked for on this form for the purpose of administering that part of the Act. Where authorised by law to do so, we may give this information to other government agencies including the Australian Taxation Office.

We are authorised by the *Taxation Administration Act 1953* to request your TFN. You are not required to provide your TFN, however if you do not there may be delays in processing the application.

I authorise the Tax Agents' Board to access tax records to determine the suitability for re-registration in accordance with Part VIIA of the *Income Tax Assessment Act 1936*.

***I declare that all the information I have given in this application, including any attachments, is true and correct.***

Name of individual tax agent, nominee partner or company secretary or director (print name)

Signature of individual tax agent, nominee partner or company secretary or director

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"/>

## WHERE TO SEND YOUR APPLICATION

Post your completed application for registration and any attachments to:

**The Secretary of the Tax Agents' Board**  
PO Box 219  
CIVIC SQUARE ACT 2608

 MORE INFORMATION

For more information, visit [www.tabd.gov.au](http://www.tabd.gov.au) or phone the Tax Agents' Board on **1300 362 829**.