



**CLIENT SHAREHOLDERS**

Shareholder 1	Taxpayer identification number <input type="text"/>	Name <input type="text"/>
Shareholder 2	Taxpayer identification number <input type="text"/>	Name <input type="text"/>
Shareholder 3	Taxpayer identification number <input type="text"/>	Name <input type="text"/>
Shareholder 4	Taxpayer identification number <input type="text"/>	Name <input type="text"/>
Shareholder 5	Taxpayer identification number <input type="text"/>	Name <input type="text"/>
Shareholder 6	Taxpayer identification number <input type="text"/>	Name <input type="text"/>
Shareholder 7	Taxpayer identification number <input type="text"/>	Name <input type="text"/>
Shareholder 8	Taxpayer identification number <input type="text"/>	Name <input type="text"/>
Shareholder 9	Taxpayer identification number <input type="text"/>	Name <input type="text"/>
Shareholder 10	Taxpayer identification number <input type="text"/>	Name <input type="text"/>

Attach a separate list if the client has more than 10 shareholders.

**TAX TYPES**

Tax Type	Date From	Correspondence to		Tax agent nominated officer
		Tax agent	Client	
Advanced payment tax	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Bookmakers turnover tax	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Business income payment tax	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Corporate income tax	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Corporate income tax (APT)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Departure tax	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Dividend withholding tax	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Foreign contractor withholding tax	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Gaming machine tax	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Goods and services tax	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
GST section 65A	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Interest withholding tax	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Management fee withholding tax	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Non resident royalty withholding tax	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Prescribed royalty withholding tax	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Salary and wages withholding tax	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Stamp duty	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Stamp duty section 10A	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tax agent registration fees	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Training levy	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

**SIGNATURE OF DELEGATED / AUTHORISED TAX AGENT**

I declare that the information that I have provided in this form are true and correct and that I have been duly delegated / authorised to sign this application on behalf of the tax agency represented.

SIGNED:

DATE:

Tax agent name

Tax agent number