



FOR OFFICE USE ONLY

TAX AGENT TAX IDENTIFICATION NUMBER

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TAX AGENT CLIENT MAINTENANCE FORM

Income Tax Act 1959 as amended

FORM TA4

EFFECTIVE : 1 January 2017

TAX AGENT DETAIL

Name		This form contains : New client details <input type="checkbox"/> Complete this form in full Existing client details <input type="checkbox"/> Provide amended detail only
Contact or Representative		
Phone Number	Tax agency number	
E-mail address		

CLIENT DETAIL

CLIENT TAX IDENTIFICATION NUMBER	Client registered name	
	Client main trade name	
Enterprise type	Incorporated country	
Certificate of incorporation number	Company extract number	
Start Date	End Date	
Resident Yes <input type="checkbox"/> No <input type="checkbox"/>	Foreign parent name (where applicable)	
Client's physical address	Foreign parent full address (where applicable)	
Client's mailing address	Bank account number	
Client's international address (where applicable)	Bank account name	
Main trading activity (Industry name and code)	Bank name	
Total equity value	Branch name	
Number of shares issued	Date account opened	
Total value of shares issued		

CLIENT DIRECTORS

Director 1	Taxpayer identification number	Name
Director 2	Taxpayer identification number	Name
Director 3	Taxpayer identification number	Name
Director 4	Taxpayer identification number	Name
Director 5	Taxpayer identification number	Name
Director 6	Taxpayer identification number	Name

Attach a separate list if the client has more than 6 directors.

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