

## Application for Reassessment: Failed Instruments

**Note:**

- Under the *Taxation Administration Act 1996*, it is an offence to give false or misleading information.
- This application is to be used only for failed instruments
- An application for a reassessment of duty in respect of a failed instrument must be made within five years after the initial assessment or 12 months after the instrument has failed, whichever is the later
- **Required evidence:** The instrument in respect of which the application is made must be produced to the Chief Commissioner unless the Chief Commissioner dispenses with its production. **All evidence must be provided for your application to be considered. Failure to provide this evidence will result in your documents being returned unprocessed**
- You may also be liable to interest and/or penalty tax.

1,

of

do solemnly and sincerely declare that:

1. I refer to the instrument described below:

Type of instrument (e.g. lease, mortgage)

Parties to instrument

Date of instrument DD/MM/YYYY

2. The instrument was stamped under reference

**Note:** Write N/A in box if instrument not stamped (Application/receipt number)

3. On DD/MM/YYYY (date) the instrument failed in its intended operation and became useless for the following reasons:

## EFT details

### Direct credit details

Account name

Financial institution

Branch

BSB number

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Account number

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Is the above account held by all taxpayers? (This field is mandatory. Tick one.)

Yes

No

## Payment authority

This authority must be completed by all taxpayers

I / We authorise the Chief Commissioner of State Revenue to issue the refund by way of EFT into the above nominated account

I / We are authorised to act on behalf of the company that is entitled to the refund

Name	
Company name (where applicable)	Position (where applicable)
Signature*	Date DD/MM/YYYY

\*Once the form is complete please print and sign.

Name	
Company name (where applicable)	Position (where applicable)
Signature*	Date DD/MM/YYYY

\*Once the form is complete please print and sign.

Name	
Company name (where applicable)	Position (where applicable)
Signature*	Date DD/MM/YYYY

\*Once the form is complete please print and sign.

## Declaration

Name	
Declared at (Place)	on DD/MM/YYYY


Under the *Taxation Administration Act 1996* it is an offence to give false or misleading information.

I declare that all information provided is true and correct in every particular

### Privacy statement


Information collected from you on this form is required by Revenue NSW to determine if you have a liability or entitlement. The information may be provided to third parties with your consent or as required or permitted by law. Revenue NSW will correct or update your personal information at your request. Read more about privacy at [www.revenue.nsw.gov.au](http://www.revenue.nsw.gov.au)


### Contact details

 1300 139 814\* (Monday – Friday, 8.30 am – 5.00 pm)

\*Interstate clients please call (02) 7808 6900

 [www.revenue.nsw.gov.au](http://www.revenue.nsw.gov.au)

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 Help in community languages is available

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