

# Application for Reassessment: Failed Instruments

**Note:**

- 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**
- Under the *Taxation Administration Act 1996*, it is an offence to give false or misleading information. You may also be liable to interest and/or penalty tax
- Print clearly in the boxed spaces.

I,
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        /        /

2. The instrument was stamped under reference

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

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


# Declaration

I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1900*

Declared at (Place)	on (Date) / / 20
Signature of declarant	

in the presence of an authorised witness, who states:

I (Name of authorised witness),
a (Qualification of authorised witness)

certify the following matters concerning the making of this statutory declaration by the person who made it (*\*please cross out any text that does not apply*):

- 1. \*I saw the face of the person OR  
\*I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
- 2. \*I have known the person for at least 12 months OR  
\*I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was

(Describe identification document relied on)
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Signature of authorised witness	Date / / 20
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## EFT details

### Direct credit details

Account name									
Financial institution							Branch		
BSB number (must have 6 numbers)				-					
Account number (maximum of 9 numbers)									

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 / / 20





Name	
Company name (where applicable)	Position (where applicable)
Signature	Date / / 20

Name	
Company name (where applicable)	Position
Signature	Date / / 20

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**Contact details**

 1300 139 814\* (Monday – Friday, 8.30 am – 5.00 pm) \*Interstate clients please call (02) 9689 6200  
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