

**Authority to Act as Tax Agent**

**AGENCY:** TAX AND TRUST PROFESSIONALS LIMITED

**093-565-729**

**CLIENT:** \_\_\_\_\_

**IRD Number:** \_\_\_\_/\_\_\_\_/\_\_\_\_.

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**CLIENT:** \_\_\_\_\_

**IRD Number:** \_\_\_\_/\_\_\_\_/\_\_\_\_.

**CLIENT:** \_\_\_\_\_

**IRD Number:** \_\_\_\_/\_\_\_\_/\_\_\_\_.

I authorise Michelle Thompson to act as my Tax agent to prepare tax returns, using information I supply, and to file them with Inland Revenue Department.

I give permission for you and your staff to discuss my tax affairs and provide and obtain information for all revenues with Inland Revenue, my bank or any other institution that may be necessary to acquire information from to complete required tax returns. In addition to this, I authorise you and your staff to prepare and file documents for the Companies Office. I also authorise your organisation to act as my agent for ACC levy purposes for all my associated entities. This authorisation allows your staff to access and change information through ACC staff, and through ACC Online Services.

Also, I understand information about my tax affairs may be obtained by telephone, correspondence, internet on line services and any other appropriate means.

This authority also includes the signing of tax returns for Inland Revenue (Circle). Yes No

**Client Details**

<b>ADDRESS</b>	Postal:	Physical:		
<b>PHONE NUMBERS</b>	Mobile:	Work:	Home:	
<b>EMAIL:</b>				
<b>DATE OF BIRTH</b>		<b>OCCUPATION</b>		
<b>REFERRED BY</b>	Website	Road signs	Newspaper	Other:
<b>COMPANIES OFFICE NUMBER (IF APPLICABLE)</b>				

Business Type (Circle): *Rental*      *Trust*      *Trading*      *Service*      *Personal*

**NB :** As a client of an agent you receive an extension of time to file your income tax returns. If you do not give me your records in time to prepare the returns by the due date you will receive a letter from the Inland Revenue outlining your obligations. You may be charged a late filing penalty. If you are charged a late filing penalty you will lose your extension of time privilege.

Signed \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/201\_\_\_\_

