



Statement of relevant experience for BAS agent registration

Completing this form

This form should accompany an application for registration as an individual BAS agent.

- Print clearly in BLOCK LETTERS using a black or blue pen.
- Place X in ALL applicable boxes.
- If insufficient space is provided at any item, please attach the additional information.
- If the relevant experience includes work under the supervision and control of a registered tax agent or BAS agent, this form should be completed by the supervising tax agent or BAS agent.
- If the relevant experience includes work as a tax agent, work as a BAS agent or work of another kind, this form should be completed by the applicant. In this case, proceed to question 2.

Office use only BAS agent number
Reference numbers

Supervising tax agent making this statement Name of supervising tax agent or supervising BAS agent
Traine of eapervising tax agent of eapervising 27 to agent
Tax agent number or BAS agent number
2. Full name of applicant
Title: Mr Mrs Miss Ms Other
Family name
First given name Other given names
Details of relevant experience
3. Types of relevant experience
Please tick one or more of the following that applies to the applicant's relevant experience:
Work by an individual as a tax agent or BAS agent registered under the Tax Agent Services Act 2009
Work by an individual as a tax agent registered under Part VIIA of the <i>Income Tax Assessment Act 1936</i>
If the applicant's experience involved work as a tax agent or BAS agent, provide details of their tax agent number or BAS agent number
Work by an individual undertaken under the supervision and control of a tax agent or BAS agent registered under the <i>Tax Agent Services Act</i> 2009
Work by an individual undertaken under the supervision and control of a tax agent registered under Part VIIA of the <i>Income Tax Assessment Act 1936</i>

Work of another kind su	bject to approval by the	Board		
Provide details				
			al involvement in one ax Agent Services Ac	
See the information sheet on	'What is a BAS service	' for more information.		
Attach copies of any docume with further details of their ex		nt's relevant experience	or if required, attach a sepa	arate page
No Yes	Provide details			
The Board may impose one of may provide to a particular ty				hat the entity
5. During what period	was the applicant	providing the servic	ces in question 4 abov	/e?
From (dd/mm/yyyy)		to (dd/mm/yyyy)		
From (dd/mm/yyyy)		to (dd/mm/yyyy)		
From (dd/mm/yyyy)		to (dd/mm/yyyy)		
Hours per week (if applica	ble)			
6. Summary of BAS se	ervices provided			
In relation to the applicant's r during the last three years.	elevant experience plea	se complete the tables b	pelow outlining the services	s provided
	Year	Year	Year	
Type of activity statement				
Individual				
Partnership				
Company				
Trust				
Superannuation				

Please specify below the proportion.	ortion of the total nu	ımber of a	activity staten	nents ab	ove that relat	e to each BAS
	Year		Year] [Year	
FBT (collection and recovery)		%]% [%
GST		%		%		%
Wine Equalisation Tax		%		%		%
Fuel Tax Law		%]% [%
PAYG (instalments & Withholding)		%]% [<u></u> %
Luxury car tax law		%		<u></u> %		<u></u> %
Percentage of working time	Year		Year] [Year	
A BAS service is any service than entity under a BAS provision						
 an entity under a BAS provision or representing an entity in their dealings with the Commissioner relating to a BAS provision. 7. Please provide any other information that may demonstrate the applicant's relevant experience. 						
8. Provide any other information or comments regarding your relevant experience. To be completed by the applicant where the applicant's experience does not relate to periods of employment or periods under supervision						

Ched	cklist					
	Unless the applicant's experience has been gained while self-employed, this form should be completed by the applicant's employer or supervising tax agent or supervising BAS agent					
	All questions on the statement have been answered truthfully and correctly					
	Any documentation necessary to support this form attached (if applicable)					
Decl	aration					
	you sign this declaration, please ensure that you have answered all relevant questions and that rmation provided, including any supporting documentation is true and correct.					
Privacy						
The Tax Practitioners Board is authorised by the <i>Tax Agent Services Act 2009</i> to collect all the information requested in this form for the purpose of administering the <i>Tax Agent Services Act 2009</i> .						
	the information requested may be provided to other government agencies, including the Australian Taxation where the Tax Practitioners Board is authorised by law to do so.					
	that all information given in this statement, including any supporting documentation is to the best of my ge, information and belief, true and correct in every particular.					
Full nam	ne of the person providing this statement (print)					
Name of	applicant's supervising agent (print)					
Signatur	e Date					
	Day Month Year					

Further information

Visit our website www.tpb.gov.au or phone the Tax Practitioners Board on 1300 362 829.