



## Statement of relevant experience for tax agent

### Completing this form

This form must accompany an application for registration or renewal as an individual tax agent.

- Type your answers in the space provided.
- Tick ALL applicable boxes.
- If the relevant experience includes work under the supervision and control of a registered agent, this form should be completed by the supervising agent.
- If the relevant experience includes work as a tax agent, work as an Australian legal practitioner or work of another kind, this form should be completed by the applicant.

### 1. Full name of applicant/tax agent

Title  Family name

First given name  Other given names

### 2. Supervising tax agent making this statement

Name of supervising tax agent (if applicable)

Tax agent number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## 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 registered tax agent

If the applicant's experience involved work as a tax agent, provide details of their tax agent number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- Work by an individual under the supervision and control of a registered tax agent

- Work as an Australian legal practitioner

- Work of another kind subject to approval by the Board. Provide details below.

**4. Did the applicant’s relevant experience include:**

a. substantial involvement in one or more types of tax agent services described in section 90-5 of the *Tax Agent Services Act 2009*?

See the information sheet [‘What is a tax agent service’](#) for more information.

No  Yes  Provide details

**OR**

b. substantial involvement in a particular area of taxation law to which one or more of those types of tax agent services relate?

No  Yes  Provide details

The Board may impose one or more conditions on an entity’s registration to limit the scope of services that the entity may provide to a particular type of tax agent service or a particular area of the taxation laws.

**5. During what period was the applicant providing the services in question 4a or b above?**

From      Day      Month      Year      to      Day      Month      Year

                

From      Day      Month      Year      to      Day      Month      Year

                

From      Day      Month      Year      to      Day      Month      Year

                

Hours per week if not full time employment

**6. Summary of tax agent services provided**

In relation to the applicant’s relevant experience please complete the tables below outlining the services provided during the last ten years (if applicable).

**Preparation of a return or statement years 1 to 10**

Year	Year	Year	Year	Year	Year	Year	Year	Year	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Individual**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Partnership**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Company**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Trust**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Superannuation**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Percentage of working time providing tax agent services years 1 to 10**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
%	%	%	%	%	%	%	%	%	%

**7. Provide comment on the applicant’s level of competence in provision of tax agent services (to be completed by the supervising agent).**

**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.

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## Checklist

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

All questions on the statement have been answered truthfully and correctly

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## Privacy

The Tax Practitioners Board is authorised by the *Tax Agent Services Act 2009* to collect all the information requested in this form for the purpose of administering the *Tax Agent Services Act 2009*.

Some of the information requested may be provided to other government agencies, including the Australian Taxation Office, where the Tax Practitioners Board is authorised by law to do so.

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## Declaration

I declare that all information given in this statement is to the best of my knowledge, information and belief, true and correct in every particular.

Full name of the person providing this statement

Name of applicant's supervising agent (if applicable)

Date (dd/mm/yyyy)

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## Further information

Visit our website [www.tpb.gov.au](http://www.tpb.gov.au) or phone the Tax Practitioners Board on **1300 362 829**.