



DEBT INSOLVENCY COVER SHEET

To:	Australian Taxation Office Debt Insolvency	From:
Fax number:	1300 726 594	Phone number:
Address:	Australian Taxation Office PO Box 9003 PENRITH NSW 2740	Return address:
Date:		Fax number:

Pages:	including the cover sheet
--------	---------------------------


 This cover sheet **must** be used for all faxed and mailed correspondence. You do not need to use this cover sheet for correspondence sent via Online services for business.

 You must complete a separate cover sheet for each **unrelated** taxpayer request.


Subject: Select **one** of the following options:

Taxpayer's name:

Tax file number (TFN):

 We are authorised under the *Taxation Administration Act 1953* (TAA 1953) to ask for a TFN. You do not need to provide one. However, if you don't it may result in a delay in addressing your correspondence.

Australian business number (ABN):

-  ■ Print this document on blank paper only.
- Do not send correspondence for multiple unrelated taxpayers using one cover sheet.
- Where a group of related taxpayers exist, complete one cover sheet providing details of only the principal or holding taxpayer.
- Keep this document for your own records.
- Faxing your correspondence to us will ensure your correspondence is addressed more quickly.

OFFICIAL: Sensitive (when completed)

The information included with this cover sheet is for the use of the intended recipient only and may contain confidential material. If you have received this material by mistake, please notify the sender.