



Compensation application

Use this form when you think you may be entitled to compensation either because there is a legal liability or under the Compensation for detriment caused by defective administration (CDDA) scheme. For further information on compensation see [Applying for compensation](#).

When completing this application

- Print clearly in BLOCK LETTERS using a black pen.
- Place **X** in **all** applicable boxes.

If you need assistance filling out this form phone our toll-free compensation assistance line on **1800 005 172**.

Applicant details

1 Applicant

If you are an authorised representative claiming on behalf of an entity add the applicant's details here and your details at question 3.

Company or entity name

Individual name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given name/s

Applicant residential or business address

Suburb/town/locality

State/territory

Postcode

2 Australian tax file number (TFN)

OR

Australian business number (ABN)

OR

Registered agent number

! Where your claim relates to your tax affairs we are authorised by law to request your TFN. You are not obliged to quote your TFN, but not quoting it could increase the chance of delay or error in processing your application.

3 Contact details

You may request the ATO to deal directly with your authorised representative. If this is the case, include their details here. If you want the ATO to contact you, put your details here.

Name

Business hours phone number

Mobile phone number

Email address

Postal address

Suburb/town/locality

State/territory

Postcode

! Email is our preferred contact method and we will communicate with you via email if you provide an address.

Bank account details Only complete this section if you are seeking financial compensation.

4 Financial institution account details for compensation

Funds will only be paid directly into a recognised financial institution account located in Australia. The account details provided must be held by you (solely or jointly) or your registered tax or BAS agent, or a legal practitioner acting as trustee or executor for you.

BSB code (must be 6 digits)

Account number

Account name

Compensation claim details

5 Why do you think you are entitled to compensation from the ATO?

Set out the circumstances of any alleged ATO wrongdoing that resulted in your claim. Include dates, details, your location and ATO business area involved. If you need more space for this information, attach a separate sheet.

6 In dollar terms, state how much compensation you are claiming.

\$, , . ¢

List and attach copies of any relevant documentation in support of your claim, such as invoices or statements.

7 Have you commenced or are you considering commencing legal action?

No

Yes

Please provide details of any legal action including legal proceedings relating to the tax issues which are the subject matter of the claim.

Privacy information

The ATO needs this information to help us process your claim. Where authorised by law to do so, we may give this information to other government agencies. These agencies could include the Department of Finance (for example, if you also make an Act of Grace claim) and the Inspector General of Taxation (for example, if you seek a review of our decision).

For information about your privacy go to ato.gov.au/privacy

Name of applicant or authorised representative

Signature

Date

Day

Month

Year

 / /

Lodging your application

You can email, or mail this application to the following address:

- Email
compensation.application@ato.gov.au
- Mail
ATO General Counsel
Australian Taxation Office
GPO Box 4889
Sydney NSW 2001