

Registration Form

**Note:**

- This form constitutes an initial return for land tax
- Lodge this completed form with any attachments by 31 March 2012
- Visit www.osr.nsw.gov.au to:
 - ▶ register online
(**Note:** if your registration includes attachments, you will need to lodge these with a hardcopy of this form)
 - ▶ get more information on **land tax** and **land tax exemptions**
- The Chief Commissioner of State Revenue may require further information
- Under the *Taxation Administration Act 1996*, it is an offence to give false or misleading information. Interest and penalty tax may be imposed for late/non lodgement of returns
- If you have any problems completing this form, contact us (details on the back)
- If you need more room, complete your answers on a separate sheet and attach to this form
- Please use a BLACK pen, print clearly in the boxed spaces and tick the appropriate boxes.

Client ID*

**If you are registered as a client with OSR, please enter your client ID.*

1. Please provide the full name and date of birth for each owner OR the ABN/ACN for each company:

Full name	Date of birth or ABN/ACN
Owner 1	/ /
Owner 2	/ /
Owner 3	/ /

Postal address

Care of	
Street address or PO Box	
Suburb	Postcode
Contact name(s)	Daytime phone no. ()
Mobile	Fax number ()
Email address	

2. Details of all land owned, including your home

Provide the details of the land(s) you owned as at 31 December 2011:

#	Lot	Deposited/ Strata plan*	Property address/Suburb/Town/Council	% owned	Date land acquired
1.					/ /
2.					/ /
3.					/ /
4.					/ /

* See notice of valuation or council rate notice



3. Trusts and related companies

a) (i) Is the land owned by a Trust? Yes ➤ Give details below No ➤ Go to 3b

Trust name

(ii) Which of the following best describes the type of trust:

- A special trust (including a family or testamentary discretionary trust, a non-complying superannuation trust and most unit trusts)
- A complying superannuation fund
- Any other trust claiming the land tax threshold (including an estate trust or a bare trust)*

* If you ticked 'Any other trust', please attach a copy of the deed of trust or probate of a will **and** the beneficiary details (eg name, address and percentage interest). If this information is not included with your registration, the trust will be assessed as a special trust and the land tax threshold will not apply.

b) Is this company related to another company which owns taxable land in NSW?

Yes ➤ Give details below No

Company name*	
Client ID	ACN or ABN

*If more than one, please specify all.

4. Application for exemption or concession

If you wish to make a new claim or change any exemption or concession on any landholdings, complete this section.

a) Principal place of residence (the home of one or more owners)

Property address	Date occupied (This field is compulsory)	Date occupation ceased (If ongoing, leave blank)
	/ /	/ /
	/ /	/ /

Is your principal place of residence used for any other purpose? Yes ➤ Give details below No

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b) Primary production land

Property address/ Lot number(s)/ Deposited plan/ Valuation no. or Property reference no.	Date primary production started (This field is compulsory)	Date primary production ceased (If ongoing, leave blank)
	/ /	/ /
	/ /	/ /

Describe the primary production activities carried out on the land:

Note: Further details may be requested from you.

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c) Other exemptions/concessions (Application forms and relevant revenue rulings are available from www.osr.nsw.gov.au)

- Land intended as your principal place of residence
- Selling your former principal place of residence
- Absence from former residence
- Deceased principal place of residence
- Child care centres
- Other _____

Property address	Period of use or claim	Nature of exemption/concession claimed

For more information on these and additional exemptions, visit www.osr.nsw.gov.au or contact the Office of State Revenue (OSR).

5. Declaration

This form must be signed by the person completing the return and must state the capacity in which the declaration is made.

I,	
declare that the information I have given is true, accurate and complete in every particular.	
Signature	Date / / 20







In what capacity are you making this return? (e.g. Land owner, Agent, Trustee etc)

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Privacy statement

Information collected from you on this form is required by the Office of State Revenue (OSR) to determine if you have a liability or entitlement. The information may be provided to third parties with your consent or as required or permitted by law. OSR will correct or update your personal information at your request. Read more about privacy at www.osr.nsw.gov.au

Contact details

-  1300 139 816* (Monday – Friday, 8.30 am – 5.00 pm) *Interstate clients please call (02) 9689 6200
-  www.osr.nsw.gov.au  Help in community languages is available.
-  GPO Box 4269 Sydney NSW 2001  DX 456 Sydney  1300 363 806

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