



Administrative Decisions Tribunal
New South Wales

APPLICATION FOR REVIEW OF A REVENUE DECISION

REVENUE

File number *(for office use only)*

PARTIES

Applicant/s (the taxpayer/s)

Respondent

Chief Commissioner of State Revenue (CCSR)

OBJECTION – An objection to the decision to be reviewed must be lodged with the CCSR before making this application

The date the objection was lodged with CCSR was

The objection lodged has been determined, a copy of the determination is attached **OR**

The objection has not been determined but 90 days has passed since I lodged it **AND**

Written notice of this application was given to the CCSR not less than 14 days ago, a copy of the notice is attached

LEGISLATION

Specify the Act and section

under which the decision is made

DECISION FOR REVIEW – This is the decision made in reply to the objection

Attached is a copy of the decision to be reviewed **OR**

A brief description of the decision to be reviewed is:

Date of decision for review and reference number

Date notice of the review decision was received

FOUNDATIONS FOR APPLICATION

The reasons for seeking a review of the decision are:

LATE APPLICATION

If this application is lodged outside the prescribed time limit you must provide a reasonable explanation for the delay and be granted leave to proceed with the application. Please give your explanation:

PARTY DETAILS

APPLICANT

Name

Address

Phone / Fax

Email

APPLICANT'S LEGAL REPRESENTATIVE (IF ANY)

Name

Address

Phone / Fax

Email

RESPONDENT

Name

Chief Commissioner of State Revenue

Address

GPO BOX 4042 SYDNEY 2001 / DX 456 SYDNEY

Phone / Fax

Ph (02) 9689 6200 Fax (02) 9689 6464

SIGNATURE

Applicant's signature or the signature of the applicant's legal representative

Name

Date

REGISTRY DETAILS

Level 15, St James Centre, 111 Elizabeth St Sydney 2000

DX 1523 Sydney

Phone 02 9223 4677 Freecall 1800 060 410

Facsimile 02 9233 3283 TTY 02 9235 2674

www.lawlink.nsw.gov.au/adt