



Taxation Review Authority

For more information visit www.justice.govt.nz/tribunals

TRA no: _____

Notice of Claim

In the Taxation Review Authority

In the Matter of	<i>[Specify the appropriate Act(s), for example the Income Tax Act 2004, the Income Tax Act 2007, or the Goods and Services Tax Act 1985]</i>
Between	<i>[Full name, address, and occupation]</i>
	Disputant
And	The Commissioner of Inland Revenue
	Defendant

Notice of Claim

Dated:

Agent

If you are being represented by an agent (for example, a lawyer or accountant), include their details. It is recommended that the agent should prepare the notice of claim.

Full name	
Occupation	
Address	
Daytime contact phone number ()	Mobile
Email address	

Disputant

If you are not being represented by an agent, include your full name, address, occupation, and telephone number.

Full name	
Occupation	
Address	
Daytime contact phone number ()	Mobile

Checklist

Before you submit this form, please check that

- You have answered every question
- You have signed and dated this form
- You have attached all relevant documents
- You have included your **\$410** filing fee or you have attached your 'Application for Waiver of Fees'

Attachments

- A. Commissioner's statement of position [if applicable]
- B. Disputant's statement of position [if applicable].
- C. Commissioner's notice of disputable decision.

Address for service


This document is filed by *[Name]*,

on behalf of the disputant whose address for service is *[Describe geographical address and any other acceptable arrangements for service, for example, PO Box or fax number.]*

Signature

Date

Tribunal Contact Details

 The Registrar
Taxation Review Authority
Tribunals Unit
Private Bag 32-001, Featherston Street, Wellington 6146
Level 1, 86 Customhouse Quay, Wellington 6011

www.justice.govt.nz/tribunals

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