



Sample Declaration of your circumstances

This is a sample only. It is important to complete this form with your own details and based on your own circumstances. If you need more help, you should get legal advice.

Revenue

Declaration of your circumstances

Note:

- **Print clearly using BLOCK LETTERS in the space provided and tick the appropriate boxes**
- If all sections are not completed, **your application cannot be processed**
- Providing a false or deliberately misleading statement may lead to a prosecution under Section 307A of the *Crimes Act 1900*
- Please send your completed form to Revenue NSW, PO Box A2571, Sydney South NSW 1235; or use online services at www.revenue.nsw.gov.au

Does your debt relate to:

Fines Fees Taxes Grants Levies

Your details

Full name

Former names (if any)

Current address Street no. Street name
Suburb State Postcode

Mailing address Street no. Street name
Suburb State Postcode

Previous addresses

 State Postcode

 State Postcode

Date of birth / /
DD MM YYYY

Best contact no.

Email

Note: Please select preferred contact method: Mailing address Email Phone

Licence no. Passport no.

What is your main source of income? Please tick

Employed

Occupation

Employer's name

Employer's address

Best contact no.

Self-employed

Trading name

ABN

Self-employed persons must provide an operating statement for the last full quarter showing business income and expenditure, including wages or salary

Receiving a government benefit

Benefit type

Benefit number

Receiving other income

Description of other income

Not receiving any income

How are you being financially supported?

I support myself and dependents. My partner's full name is

How much can you afford to pay towards your outstanding overdue debt(s)?

Pay (tick one)

per week

per fortnight

Please enter your overdue debt reference number/s

Income (Fortnightly)

Income after tax	You	Your partner
Net wage/salary (after tax)	\$	\$
Sole trader/self-employed income	\$	\$
Centrelink benefit including Family Tax benefit A and B	\$ 952.70	\$
Business/partnership income	\$	\$
Workers compensation, sickness or accident insurance payments	\$	\$
Other income: shares, child support, rental/board	\$	\$
TOTAL INCOME	\$ 952.70	\$ 0.00

Note: Please provide a copy of all pay slips, current Centrelink statements and proof of any other income for yourself and your partner for the last three months.

Make sure you provide details of all your regular expenses.

Expenditure (Fortnightly)

Mortgage repayments	\$
Rent or board	\$ 550.00
Food and entertainment	\$ 120.00
Electricity/gas/phone	\$ 25.00
Car loan/lease	\$
Motor vehicle expenses	\$
Child support	\$
Fares/fuel	\$ 10.00
Medical/medication expenses	\$ 70.00
Personal loan, credit card repayments or deferred purchases	\$ 50.00
Health fund contributions	\$
Rates (council and water)	\$
School and education	\$
Childcare expenses	\$ 100.00
Centrelink, taxation or other government debt repayments	\$
Insurances	\$ 25.00
Other expenses (please describe)	\$
TOTAL EXPENDITURE	\$ 950.00

Assets (What you own)	Asset particulars (e.g address)	Market value or total \$
House and land (primary residence)		\$
Other real estate (provide address)		\$
Motor vehicles (make/model/registration)		\$ 1,000.00
Caravan/trailer/boats		\$
Household furniture		\$ 300.00
Electrical goods		\$ 50.00
Shares (details)		\$
Superannuation balance		\$
Investments (details)		\$
Assets held outside Australia		\$
TOTAL ASSETS		\$ 1,350.00

Any additional information (attach extra pages if necessary)

Please see attached supporting letter, copy of my bank statement, Centrelink statement and letter from my psychiatrist, Dr Gary Peterson.

Applicant's name

Signature *S Kelly*

Date of application / /
DD MM YYYY

Checklist – Have you:


- Signed the form
- Given your full name, address and contact details
- Listed your email, date of birth and licence/passport numbers

Given details of your:


- Income
- Expenditure
- Assets


- Any supporting documents are attached including any statements requested by Revenue NSW

Contact details

 1300 655 805*

*Overseas callers +612 7808 6941

 www.revenue.nsw.gov.au

 **Postal address**
PO Box A2571
Sydney South NSW 1235

Interpreter Service – Call 131 450 and ask the interpreter to connect you to us.

Hearing or speech impaired users **TTY** 133 677 **Speak and Listen** 1300 555 727

Refer to your notices for payment options

Privacy statement

Information collected from you on this form is required by Revenue NSW 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. Revenue NSW will correct or update your personal information at your request. Read more about privacy at www.revenue.nsw.gov.au

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