



These are instructions. 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.

**Instructions for completing a Declaration of your circumstances**

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](http://www.revenue.nsw.gov.au)

**Does your debt relate to:** **Tick fines if you are completing this form about an overdue penalty notice**

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  /  /  **Write your date of birth**

Best contact no.

Email

**Note:** Please select preferred contact method:  Mailing address    Email    Phone   **Tick one**

Licence no.       Passport no.

**What is your main source of income? Please tick** **Tick a box**

**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   
**Write the number of dependents you have**

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

Pay (tick one)  per week  per fortnight **Tick 'per fortnight'**

Please enter your overdue debt reference number/s

**On the next page, write the fortnightly income, expenses and assets in the three separate tables. It is an offence to provide false information.**

### 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	\$	\$
Business/partnership income	\$	\$
Workers compensation, sickness or accident insurance payments	\$	\$
Other income: shares, child support, rental/board	\$	\$
<b>TOTAL INCOME</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

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	\$
Food and entertainment	\$
Electricity/gas/phone	\$
Car loan/lease	\$
Motor vehicle expenses	\$
Child support	\$
Fares/fuel	\$
Medical/medication expenses	\$
Personal loan, credit card repayments or deferred purchases	\$
Health fund contributions	\$
Rates (council and water)	\$
School and education	\$
Childcare expenses	\$
Centrelink, taxation or other government debt repayments	\$
Insurances	\$
Other expenses (please describe)	\$
<b>TOTAL EXPENDITURE</b>	<b>\$ 0.00</b>

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)		\$
Caravan/trailer/boats		\$
Household furniture		\$
Electrical goods		\$
Shares (details)		\$
Superannuation balance		\$
Investments (details)		\$
Assets held outside Australia		\$
<b>TOTAL ASSETS</b>		<b>\$ 0.00</b>

Any additional information (attach extra pages if necessary)

**Write the list of supporting documents you are attaching to this form.**

Applicant's name

Signature  [Sign here](#)


Date of application  /  /

**Checklist – Have you:** [Check you have completed the form correctly and tick the boxed below.](#) [Write the date](#)


- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Signed the form   | Given details of your:               |
| <input type="checkbox"/> Given your full name, address and contact details             | <input type="checkbox"/> Income      |
| <input type="checkbox"/> Listed your email, date of birth and licence/passport numbers | <input type="checkbox"/> Expenditure |
|  | <input type="checkbox"/> 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](http://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](http://www.revenue.nsw.gov.au)

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