

|  |  |                       |                     |                           |                 |          |                                     |
|--|--|-----------------------|---------------------|---------------------------|-----------------|----------|-------------------------------------|
| DID YOU RECEIVE OR WERE YOU ELIGIBLE FOR CENTRELINK PAYMENT FTB A/FTB B DURING 2010-11?: |  |                       |                     |                           |                 |          |                                     |
| EMPLOYERS' DETAILS :   |  |                       |                     |                           |                 |          |                                     |
| Sr. No.  | NAME   | ABN                   | TAX WITHHELD        | GROSS PAY                 | ALLOWANCE       | RFET     | RESC                                |
| 1  | SEND PAYG  |                       |                     |                           |                 |          |                                     |
| 2  |  |                       |                     |                           |                 |          |                                     |
| WORK RELATEAD DEDUCTIONS   |  |                       |                     |                           |                 |          |                                     |
| D1   | WORK RELATED CAR(From home to work and vice versa not allowed)   |                       |                     |                           |                 |          |                                     |
|  | MAKE & MODEL   | REGO NO.              | ENGINE              | REASON OF CAR USE         |                 | TOTAL KM |                                     |
|  |  |                       |                     |                           |                 |          |                                     |
| D2   | OTHER WORK RELATED TRAVEL(Home to work & vice versa not allowed) |                       |                     |                           |                 |          |                                     |
| D3   | UNIFORM / PROTECTIVE CLOTHING (only if it has Employer's logo)   |                       |                     |                           |                 |          |                                     |
|  | CLOTHING   | LAUNDRY               | DRY CLEANING        | Does it have LOGO         |                 |          |                                     |
|  |  |                       |                     |                           |                 |          |                                     |
| D4   | SELF EDUCATION   | COURSE/UNIV NAME      |                     |                           |                 |          |                                     |
|  | (must be work/profession related approved course)                |                       |                     |                           |                 |          |                                     |
|  | BOOKS for Self Educ  | FEEs                  | Travel for study    | OTHER EXP                 |                 |          |                                     |
|  |  |                       |                     |                           |                 |          |                                     |
| D5   | OTHER WORK RELATED EXP.  |                       |                     |                           |                 |          |                                     |
|  | STATIONERY   | COMPUTER RELATED EXP. | TEL/MOBILE          | SUBSCRIPTION/ MEMBERSHIPS | BOOKS MAGAZINES | INTERNET | OTHER WORK RELATED EXP e.g. workbag |
|  |  |                       |                     |                           |                 |          |                                     |
|  | COMPUTER/LAPTOP PURCHASE DATE & AMOUNT                           |                       |                     |                           |                 | \$       | -                                   |
| D7   | DONATION (in Aus only) \$  |                       | NAME OF THE CHARITY |                           |                 |          |                                     |
| D10  | TAX AGENT FEES (PAID LAST YR.)                                   |                       |                     |                           |                 |          |                                     |
| D15  | INCOME PROTECTION & SICKNESS INSURANCE PREMIUMS                  |                       |                     |                           |                 |          |                                     |
|  |  |                       |                     |                           |                 |          |                                     |
|  |  |                       |                     |                           |                 |          |                                     |
| HEALTH FUND (e.g. HBA)   |  | TYPE OF FUNI          | DATE OF JOINING     |                           | MEMB. NO.       |          |                                     |
|  |  |                       |                     |                           |                 |          |                                     |
| ANY OTHER INFORMATION:   |  |                       |                     |                           |                 |          |                                     |
|  |  |                       |                     |                           |                 |          |                                     |
| BANK DETAILS FOR TAX REFUND BSB :  |  |                       |                     | ACCOUNT NO                |                 |          |                                     |
| A/C HOLDER'S NAME  |  |                       |                     |                           |                 |          |                                     |
| CLIENT'S SIGN: X   |  |                       |                     |                           |                 |          |                                     |
|  |  |                       |                     |                           |                 |          |                                     |

Please attach these documents:

1. ID
2. PAYG
3. First Page of Bank Statement.
4. Receipts of work related expenses if any.