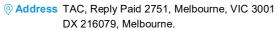
Self-employed declaration



Client details			
Claim number	ABN		Date business commenced
Client name			
Business name			
Business address			
			D 4 4
			Post code
Business structure			
Business description	1		
Describe the main purpose of your business	ss. Eg. Garden maintenance		
Employees Other than yourself, how many poople are	ampleyed in your		
Other than yourself, how many people are business?	employed in your		
Full time Part time	Casual Subc	ontractor	
Do you have family members / De Facto pa	artner involved in your business	? Yes / No	If yes, please provide details below.
Name 1			
Relationship to you	Duties performed		
Number of hours per week	Is this a paid position?	Yes / No	
Name 2			
Relationship to you	Duties performed		
Number of hours per week	Is this a paid position?	Yes / No	
Name 3	io uno a para poomori.	1 30 / 110	
Relationship to you	Duties performed		
Reaction ship to you	Dutios performed		
Number of hours per week	Is this a paid position?	Yes / No	

✓ABN 22 033 947 623









Self-employed declaration



Pre-accident work duties Provide a brief description of the types of duties you performed in your business.
Provide a brief description of the types of duties you performed in your business.
How many hours per week did you spend on the following activities?
On the job Administrative / Management Other If other, please specify
Total number of hours worked per week (pre-accident)
What percentage of duties did you perform in your business? %
Post-accident work duties
Has your business continued to operate after the accident? Yes / No
Have your duties changed since your transport accident? Yes / No
If yes, how would you describe the change and the duties you are currently performing?
How many hours per week do you spend on the following activities?
On the job Administrative / Management Other If other, please specify
Total number of hours worked per week (currently)

Self-employed declaration



Substitute labour
Have you incurred additional labour costs in your business as a result of your injuries?
If yes, please specify
What date did you employ the substitute labour?
Person's name (if more than one, please specify)
Qualifications of person employed
Number of hours worked per week Is this paid work? Yes / No Amount paid per week \$
Duties performed
Have you increased the duties or hours of a person you were already employing before the accident, or is the person a new employed since the accident?
Since the decident:
If you are claiming substitute labour, you must provide the TAC with records of the number of hours worked, duties performed and wages records.
Record keeping
The TAC may need you to provide up to date copies of your business records.
Does your business use a bookkeeper and / or accountant to maintain your business records?
Who is responsible for maintaining these records?
If other, please specify
Name Contact phone number
Authority
Client, parent or guardian signature Print name Date

Under section 117 of the Transport Accident Act 1986 it is an offence to provide false or misleading information in connection with the claim.

Privacy

The TAC needs this information to manage your TAC claim or any claim for common law damages. We may disclose this information when required to by law or where it is necessary to manage your claim for compensation. Without this information, the TAC may be unable to make decisions about your entitlement to TAC benefits. You can get more information about our privacy policy by contacting us on 1300 654 329 or by visiting our website www.tac.vic.gov.au