# SELF-EMPLOYED DECLARATION



# Instructions

If you are self-employed, please complete this form to help us understand the impact of your transport accident on your business. This will help us make sure you have access to the right services and supports to help you to return to work.

SECTION 1	SECTION 2
TAC CLIENT DETAILS First name	BUSINESS DETAILS Business name
Last name	ABN
TAC claim number	Date business commenced
Date of accident	Business address
Date of birth	Suburb/Town Post code
Phone number	What is the structure of your business:
Email address	Sole trader Company
	· ·
	Partnership Trust  Describe the main purpose of your business



SECTION 3	
EMPLOYEES	
Other than yourself, how many people are employed in your business?	Do you have family members or a de facto partner involved in your business?
Full time	Yes No
Part time	If <b>yes</b> , please provide their details below.
Casual	
Subcontractor	
Name 1	Name 2
Relationship to you	Relationship to you
Duties performed	Duties performed
Number of hours per week	Number of hours per week
Is this a paid position	Is this a paid position
Yes No	Yes No
Name 3	Name 4
Relationship to you	Relationship to you
Duties performed	Duties performed
Number of hours per week	Number of hours per week
Is this a paid position	Is this a paid position
Yes No	Yes No

## SECTION 4

	OLO HOIL T		
	PRE-ACCIDENT WORK DU	JTUES	
	Please list the hours you typica (e.g. '8am – 5pm')	ally work each day	Number of hours you usually spend on each task per week
	Monday		Administration
	Tuesday		Supervising
	Wednesday		Quotes
	Thursday		Physical or hands on
	Friday		If a business partnership, number of hours your partner usually spends on each task per week.
	Saturday		Administration
	Sunday	nday	Supervising
Total number of hours worked per week	r week	Quotes	
			Physical or hands on
	Please list your usual daily task	ks performed with approxi	nate number of hours for each (e.g. 'bookkeeping, 2 hours')
	Daily task		Approx. task hours
_	Please provide details of your I	ast three jobs or contracts	, including the number of days worked on each.
	Name	Address	Days worked

SELF-EMPLOYED DECLARATION LOEF16 3/24

# **SECTION 5 SECTION 6** RECORD KEEPING **CLIENT AUTHORITY** The TAC may need you to provide up to date copies I declare that the details I have provided on this form are of your business records. true and correct. I understand that it is an offence under the legislation to provide false or misleading information. Does your business use a bookkeeper and/or accountant to maintain your business records? Signature Yes Nο Who is responsible for maintaining these records? Accountant Bookkeeper Client, parent or guardian signature. Myself Other Printed name If other, please specify **Date** Under section 117 of the Transport Accident Act 1986 it is an offence to provide false or misleading information Name in connection with the claim. Contact phone number Contact email



### **Submitting this form**

Email your completed form to your TAC claims manager or to <a href="mailto:info@tac.vic.gov.au">info@tac.vic.gov.au</a> with your TAC claim number in the subject line.

### **PRIVACY**

The TAC needs this information to make decisions about your entitlement to TAC treatment, services and benefits. We may use or disclose this information to make further inquiries or assist in the ongoing management of the claim. The TAC may also be required by law to disclose this information. Without this information, the TAC may be unable to determine entitlements or assess whether treatment is reasonable and may not be able to approve further treatments, services and benefits. More information is available at tac.vic.gov.au/yourprivacy