

i Instructions

Please complete this form to request income support because of your transport accident. This form is to record your business income and expenses, and needs to be completed so the TAC can:

- assess your income entitlement
- if you have returned to work, or if
- your business has continued to operate since your accident.

If you operate more than one entity you need to complete this form for each entity. You must complete all sections of this form, if it is not complete the TAC will return the form to you. This may delay the processing of any payments.

Note: The TAC reserves the right to request evidence to verify the information provided in this document and to ensure that the details declared are consistent with those submitted to the Australian Tax Office (ATO).

For more information about income support, please visit our website at tac.vic.gov.au/income

If you would like to speak with an income specialist regarding the completion of this form you can call 1300 654 329

SECTION 1

CLIENT DETAILS

First name

Last name

TAC claim number

SECTION 2

BUSINESS NAME AND ABN / ACN

Business name

ABN (if self-employed)

SECTION 3

ARE YOU CURRENTLY WORKING IN ANY CAPACITY?

No

Yes, reduced hours since:

Yes, fully returned to work since:

If your business is structured as a partnership, company or trust, please indicate your contribution to the business profits as a percentage (considering any other business partners. Exclude any work by others that receive a wage for their work, such as employees or contractors):

% of net profit is attributable to me

SECTION 4 YOUR DECLARATION

I declare that:

the information I have provided in this form is complete and correct.

I understand that:

- the TAC can make relevant enquiries to make sure I receive the correct entitlement
- giving false or misleading information is a criminal offence under section 117 of the Transport Accident Act and may lead to prosecution
- I have read, understood and agree with the above.

Name

Signature

Insert image (jpg/png) of signature.
(Or print, sign and scan the form)



Date



Submitting this form

You can submit this form via email to income@tac.vic.gov.au or upload to the MyTAC app and ensure you attach all your supporting documentation, such as a corresponding Business Activity Statement (BAS)

Include your name and claim number in the subject line of your email.

A member of our income team may contact you via phone or email if required.

Please allow up to 10 business days for the TAC to review this document.

PRIVACY

The TAC will retain the information provided and may use or disclose it to make further inquiries to assist in the ongoing management of the claim or any claim for common law damages. 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 the treatment is reasonable and may not be able to approve further benefits and treatment. If you require further information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at www.tac.vic.gov.au

SECTION 5
FINANCIAL DETAILS

Period of Statement

Period start date Period end date

Business income	Amount
Sales/Income	\$
Other Business Income	\$
LESS Cost of Goods Sold (Materials, Supplies etc)	\$
Gross Income =	\$

Business expenses	Amount
Accounting costs	\$
Administration costs (office supplies etc)	\$
Advertising	\$
Bank charges	\$
Purchase of equipment (full cost \$ _____ business related percentage _____ %) Please list item(s) _____	\$
Directors fees	\$
Hire costs	\$
Business insurance (full cost \$ _____ business related percentage _____ %)	\$
Internet (full cost \$ _____ business related percentage _____ %)	\$
Motor vehicle costs (full cost \$ _____ business related percentage _____ %)	\$
Phone (full cost \$ _____ business related percentage _____ %)	\$
Business rental expenses (full cost \$ _____ business related percentage _____ %)	\$
Repairs and maintenance (full cost \$ _____ business related percentage _____ %)	\$
Salaries/wages	\$
Sub-Contractors	\$
Superannuation	\$
Travelling costs	\$
Business utilities (electricity, gas, water etc) (full cost \$ _____ business related percentage _____ %)	\$
Other expenses (full cost \$ _____ business related percentage _____ %) Please list item(s) _____	\$
Total BUSINESS EXPENSES =	\$
BUSINESS NET PROFIT or LOSS Net Profit or Loss (Gross Profit LESS Total Expenses) =	\$

Note – Amounts should reflect the “period of statement.” Example: if the statement covers a 3 month period, divide an annual figure by 4.