

Personal Information

First Name:

Last Name:

Total Income: \$

Phone Number:

Bank Account Number:

Medicare Number:

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Address

Street Address 1:

Street Address 2:

Suburb:

Post Code:

NSW

Next Section

Clothing Deductions

Work only Laundry runs:

Combined Laundry runs:

External Laundry Costs: \$

Clothing Items Bought:

- ☒ Compulsory work uniform
- ☒ Non-compulsory work uniform
- ☒ Occupation Specific Clothing
- ☒ Protective Clothing

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Transit Deductions

Kms driven for work:

Work Public Transport: \$

Other transport costs: \$

Next Section

Donation Deductions

Total amount donated: \$

Complete Form