



Purpose of this form

This form requests a complete statement of your financial details so that the Child Support Agency (CSA) can decide if your child support assessment should be changed.

You can provide this information over the phone. Call **131 272** between 8.30 am and 4.45 pm Monday to Friday. Call charges may apply.

This form is also available online. Go to www.csa.gov.au/forms

To complete this form

- Please use black or blue pen
- Print using BLOCK LETTERS
- Tick the appropriate box where applicable
- Sign the form
- Attach copies of supporting documentation where instructed.

What else you will need to provide

This form tells you which other documents you will need to provide.

Where do I send this form?

Send the completed form to:

The Child Support Agency
GPO Box 9815
MELBOURNE VIC 3001
Fax: **1300 309 949**

For more information

If you need more information, or need help completing this form, call **131 272** between 8.30 am and 4.45 pm or go to www.csa.gov.au

Form Contents

PART A: Your personal details

PART B: Your employment details

PART C: Your income details

PART D: Your expenditure details

PART E: Your assets and liabilities

PART F: Your declaration

What about customer privacy?

The information requested by CSA is needed for child support purposes and is required by child support law. We do not pass your personal information on to the other parent/carers unless this is required by law or necessary to make a decision that would affect the other parent/carers.

Some information may be passed to Centrelink, the ATO, the Family Assistance Office or the Social Security Appeals Tribunal.

CSA may provide your contact details to people contracted by us to deliver services to separated parents, or to carry out research to help improve our services. You are not obliged to participate in any programs or research.

Our guidelines on privacy are in accordance with the *Privacy Act 1988*. For more information about how we treat your personal information, see the Guide on the CSA's website at www.csa.gov.au

For more information about the Privacy Act and privacy generally, see the Privacy Commissioner's website at www.privacy.gov.au

What if I have a complaint?

Step One:

Contact CSA and speak to your Customer Service Officer who will try to solve the problem.

Step Two:

If you are not satisfied with the outcome, ask to speak to their manager.

Step Three:

If you are still not satisfied, call the CSA's Complaints Service on **132 919** and speak to a complaints officer.

If you feel that the CSA has been unable to successfully resolve your complaint, you can escalate your concerns by contacting the Commonwealth Ombudsman.

How can I report suspected fraud?

If you have information about someone who is misusing government services, please phone the Australian Government Services Tip-off Line on **131 524**.

The tip-off line allows you to confidentially report fraud against Centrelink, Medicare, the Pharmaceutical Benefits Scheme, or the Child Support Agency.

Help in other languages

If you do not speak English and need help from the CSA, call the Translating and Interpreting Service (TIS) on **131 450** (call charges may apply). Ask them to set up a three-way conversation between you, an interpreter and a child support officer.

ARABIC إذا كنت لا تتحدث اللغة الإنكليزية واحتجت إلى مساعدة من Child Support Agency اتصل بخدمة الترجمة الخطية والشفهية (TIS) على الرقم 13 14 50.

CHINESE 如果您不說英語，但需要Child Support Agency的協助，請致電翻譯及傳譯服務處(TIS)，電話13 14 50。

CROATIAN Ako ne govorite engleski i trebate pomoć Child Support Agency, nazovite Službu prevoditelja i tumača (TIS) na 13 14 50.

FARSI اگر انگلیسی نمیدانید و به کمک Child Support Agency نیاز دارید به سرویس ترجمه کتبی و شفاهی (TIS)، شماره 13 14 50 تلفن بزنید.

GREEK Αν δεν μιλάτε Αγγλικά και χρειάζεστε βοήθεια από το Child Support Agency, τηλεφωνήστε στη Μεταφραστική και Τηλεφωνική Υπηρεσία (TIS) στο 13 14 50.

INDONESIAN Jika Anda tidak berbahasa Inggris dan memerlukan bantuan dari Child Support Agency, silakan menelepon Jasa Penerjemahan dan Juru Bahasa (TIS) pada nomor 13 14 50.

ITALIAN Se non parli inglese e ti serve assistenza da parte della Child Support Agency, chiama il Servizio traduzioni e interpreti (TIS) al 13 14 50.

KHMER បើលោកអ្នកមិននិយាយអង់គ្លេសទេ បើសូត្រូវការជំនួយពី Child Support Agency សូមទូរស័ព្ទទៅកាន់សេវាបកប្រែភាសា (TIS) តាមលេខ 13 14 50 ។

KOREAN 당신이 영어를 못하고 Child Support Agency의 도움이 필요하시면 전화통역 서비스(TIS) 13 14 50 으로 전화하십시오.

MACEDONIAN Ако не зборувате англиски јазик и ви треба помош од Child Support Agency, телефонирајте во Службата за преведување и толкување (TIS) на 13 14 50.

MALTESE Jekk inti ma titkellimx bl-Ingliż, u trid ghajnuna miċ-Child Support Agency, ċempel lis-Servizz ta' Interpreti bit-Telefon (TIS) fuq 13 14 50.

POLISH Jeśli nie mówisz po angielsku a potrzebujesz pomocy Child Support Agency, zadzwoń do Biura Tłumaczy (TIS) pod numer 13 14 50.

PORTUGUESE Se não fala inglês e precisa da ajuda da Child Support Agency, ligue para o Serviço de Tradutores e Intérpretes (TIS) no 13 14 50.

RUSSIAN Если вы не говорите по-английски и нуждаетесь в помощи Child Support Agency, звоните в Службу устного и письменного перевода (TIS) по телефону 13 14 50.

SERBIAN Ако не говорите енглески и треба вам помоћ од Child Support Agency назовите Службу преводилаца и тумача (TIS) на 13 14 50.

SPANISH Si no habla inglés y desea ayuda de Child Support Agency, llame al Servicio de Traducción e Interpretación (TIS) al 13 14 50.

TURKISH Eğer Child Support Agency'den yardım istiyorsanız ve İngilizce konuşmıyorsanız 13 14 50'den Yazılı ve Sözlü Tercümanlık Servisi'ni (TIS) arayınız.

VIETNAMESE Nếu không nói được tiếng Anh, mà cần Child Support Agency giúp, xin gọi điện thoại cho Dịch Vụ Thông Phiên Dịch (TIS), số 13 14 50.

PART A: YOUR PERSONAL DETAILS

1 What is your Child Support Reference Number?

2 Your name

Mr Mrs Miss Ms Other

Family name

First given name

Other given name(s)

3 Date of birth

4 Your postal address

5 Your contact details

Home phone number

Work phone number

Mobile phone number

Email

6 Do you have a spouse or partner living with you?

No **Go to 8**

Yes Give details below

Family name

First given name

Other given name(s)

7 Does he/ she work?

No

Yes – Part time

Yes – Full time

8 Do you have dependent children living with you?

A dependent child for child support purposes is a child you have a legal duty to maintain. This can be either a biological or an adopted child.

No **Go to next question (PART B)**

Yes Give details below

1 Dependent's details

Family name

First given name

Other given name(s)

Date of birth

2 Dependent's details

Family name

First given name

Other given name(s)

Date of birth


3 Dependent's details

Family name

First given name

Other given name(s)

Date of birth

 Attach a separate sheet if you need to list additional dependent children.

PART B: YOUR EMPLOYMENT DETAILS

9 What are your employment details?

Tick more than one option if applicable and complete the section for each option you have ticked.


- Sole-trader **Go to 10**
- Employed on salary or wages **Go to 11**
- Director to company **Go to 12**
- Shareholder to private company **Go to 13**
- Partner to partnership **Go to 14**
- Trustee to trust **Go to 15**
- Labour hire **Go to 16**
- Not employed **Go to 17**
- Other **Go to 18**

10 Sole-trader

Australian Business Number (ABN)

Trading name

Industry type

 If you are a sole trader of multiple businesses, attach a separate sheet with details.

Go to 19

11 Employed on salary and wages

Your occupation or trade

Name of employer


Postal address of employer

 Postcode

Employer's phone number

Employer's Australian Business Number (ABN)

Employer's business/trading name

 If you have more than 1 employer, attach a separate sheet with details.

Go to PART C if you have completed all the sections that apply to you at Question 9.


12 Director to company

Australian Business Number (ABN)

Trading name

Other director's name(s)

Industry type

 If you are a Director of multiple companies, attach a separate sheet with details.


Go to 19

13 Shareholder to private company

Australian Business Number (ABN)
[][]-[][][][]-[][][][]-[][][][]

Number of shareholders [] Number of shares held by you []

Total available shares in company []

 If you are a shareholder to multiple private companies, attach a separate sheet with details.

▶ **Go to 19**


14 Partner to partnership


Australian Business Number (ABN)
[][]-[][][][]-[][][][]-[][][][]

Partner's name(s)
[]

Industry type
[]

Trading name
[]

Do you have a partnership agreement?
No
Yes  Please attach details of the agreement

 If you are a partner to multiple partnerships, attach a separate sheet with details.

▶ **Go to 19**


15 Trustee to trust

Australian Business Number (ABN)
[][]-[][][][]-[][][][]-[][][][]

Trust name
[]

Number of trustees
[]

Beneficiaries to the trust
[]

 If you are a trustee to multiple trusts, attach a separate sheet with details.

▶ **Go to 19**

16 Labour hire

Australian Business Number (ABN)
[][]-[][][][]-[][][][]-[][][][]


Employer's industry
[]

Gross income
\$ []

This pay covers the period
[DD / MM / YYYY] to [DD / MM / YYYY]

Start date of contract [DD / MM / YYYY]

End date of contract [DD / MM / YYYY]

 If you are hired labour for multiple companies, attach a separate sheet with details.

▶ **Go to PART C if you have completed all the sections that apply to you at Question 9.**

17 Not employed

Do you receive a government payment?

No How are you supporting yourself?

Yes Type of payment (e.g. Newstart, Family Tax Benefit etc.)

Amount

Frequency

▶ **Go to PART C if you have completed all the sections that apply to you at Question 9.**

18 Other

Do you receive any other income you have not already advised us of in this form?

No

Yes Source of income

Gross income

Frequency

▶ **Go to PART C if you have completed all the sections that apply to you at Question 9.**

19 If you are a sole-trader or involved in a company, partnership or trust, please read below



Attach the most current copy of the following documentation:

- Balance sheet (Statement of financial position)
- Profit and loss (Statement of financial performance)
- Depreciation schedule
- Trust deed
- Partnership agreement
- Business bank statements (including loans and credit cards) for the last 6 months

Alternatively, you may provide us with your accountant's contact details below and we will request these documents directly.

Note: You should contact your accountant beforehand to determine if they will charge you a fee. If you need your accountant to provide documents and/or information **we will not reimburse fees charged by the accountant.**

If you cannot provide the documentation requested above due to non lodgement in the last two financial years please provide:

- Bank statements of all business accounts, loans and/or credit facilities for the past 12 months
- Business vehicle details and loan/lease agreements
- Cash book
- List of debtors and creditors
- List of regular contracts and contract end dates

Accountant's details

Name of accountant

Name of accountancy firm

Accountant's postal address

Accountant's phone number

▶ **Go to PART C if you have completed all the sections that apply to you at Question 9.**

PART C: YOUR INCOME DETAILS

20 What are your current personal income details?

Please read this before completing question 20. Income is not restricted to taxable income and includes any money received, earned or derived for personal use or benefit, or any periodic payment by way of gift or allowance.

Salary sacrifice/salary packaging includes any benefit received as part of earned income but not as a wage or salary. e.g. novated lease, use of a car as part of a salary package.


Government payments include Centrelink and Department of Veterans' Affairs pensions, benefits, allowances and income support payments. e.g. Family Tax Benefit.

Interest and dividends include income received from deposits, shares, managed investments and forestry managed investment schemes.

Foreign income includes any income you receive from outside Australia.

Regular payments include compensation and rehabilitation payments, allowances, or gifts.

Other income includes any other income not listed below. e.g. personal income derived from self employment, royalties, pocket money etc.

 You must attach evidence of your income with this form e.g. copies of your last 2 pay slips. Please also provide copies of the past 3 months of bank statements for all personal accounts, including loan and credit card accounts.

Complete either the gross **or** net amount for each item and if possible calculate totals. You can also add new income items. If an income type listed below does not apply to you, leave the space blank.

Please indicate how your income is shown **A** Weekly **B** Fortnightly **C** Monthly **D** Annually

| Income type | Gross | Net (after tax) | A | B | C | D |
|---------------------------------------|-----------|-----------------|---|---|---|---|
| Salary or wage (including allowances) | \$ | \$ | | | | |
| Overtime | \$ | \$ | | | | |
| Salary sacrifice/salary packaging | \$ | \$ | | | | |
| Commissions | \$ | \$ | | | | |
| Government payments | \$ | \$ | | | | |
| Superannuation pension | \$ | \$ | | | | |
| Child/spousal maintenance received | \$ | \$ | | | | |
| Rental income | \$ | \$ | | | | |
| Interest and dividends | \$ | \$ | | | | |
| Trust distribution | \$ | \$ | | | | |
| Director's fees | \$ | \$ | | | | |
| Foreign income | \$ | \$ | | | | |
| Regular payments | \$ | \$ | | | | |
| Other income | \$ | \$ | | | | |
| | \$ | \$ | | | | |
| TOTAL CURRENT INCOME | \$ | \$ | | | | |

21 If you expect to receive any of the following lump sum payments in the next 12 months give details below.

If you expect to receive a lump sum payment that is not specified below, e.g. inheritance, lump sum gifts, windfall, include the amount at Other.

| Income Type | Gross | Net (after tax) | Payment date |
|---|-----------|-----------------|--------------|
| Termination payments | \$ | \$ | |
| Redundancy payments | \$ | \$ | |
| Capital gains | \$ | \$ | |
| Lump sum superannuation payments | \$ | \$ | |
| Compensation or rehabilitation payments | \$ | \$ | |
| Other | \$ | \$ | |
| TOTAL FUTURE EXPECTED INCOME | \$ | \$ | |

PART D: YOUR EXPENDITURE DETAILS

22 What are your current personal expenses?



Do not include expenses that are related to the operation of a business, company or trust.

Do not include the superannuation guarantee payments paid by your employer.

If your expenses are shared, please provide the portion of those expenses that are incurred by you e.g. You contribute 50% towards the cost of electricity. The electricity bill averages \$100 per month, so your share will be \$50.

Where possible calculate sub totals and totals. You can also add new expense items. If an expense does not apply to you, leave blank.

Tick the option (A, B, or C) for how each expense item is shown

A Weekly **B** Fortnightly **C** Monthly

| Household expenses | | A | B | C |
|----------------------|-----------|---|---|---|
| Rent | \$ | | | |
| Repairs | \$ | | | |
| Gas | \$ | | | |
| Electricity | \$ | | | |
| Water | \$ | | | |
| Rates | \$ | | | |
| Body corporate fees | \$ | | | |
| Internet | \$ | | | |
| Cable/TV | \$ | | | |
| Phone | \$ | | | |
| Groceries | \$ | | | |
| | \$ | | | |
| Sub total | \$ | | | |
| Medical expenses | | | | |
| Doctor | \$ | | | |
| Medicines | \$ | | | |
| Dentist | \$ | | | |
| | \$ | | | |
| Sub total | \$ | | | |
| Education expenses | | | | |
| School fees | \$ | | | |
| University/TAFE fees | \$ | | | |
| Tuition | \$ | | | |
| Books and uniforms | \$ | | | |
| Camps/excursions | \$ | | | |
| | \$ | | | |
| Sub total | \$ | | | |
| Transport expenses | | | | |
| Car registration | \$ | | | |
| Parking | \$ | | | |
| Fuel | \$ | | | |
| Repairs/maintenance | \$ | | | |
| Public transport | \$ | | | |
| | \$ | | | |
| Sub total | \$ | | | |

| Debt repayments | | A | B | C |
|-------------------------------|-----------|---|---|---|
| Mortgage (family home) | \$ | | | |
| Rental property | \$ | | | |
| Investment loan(s) | \$ | | | |
| Car lease/loan(s) | \$ | | | |
| Personal loan(s) | \$ | | | |
| Overdraft(s) | \$ | | | |
| Credit card(s) | \$ | | | |
| Department store card(s) | \$ | | | |
| Taxation debt | \$ | | | |
| Centrelink debt | \$ | | | |
| | \$ | | | |
| | \$ | | | |
| Sub total | \$ | | | |
| Savings | | | | |
| Superannuation contributions | \$ | | | |
| Regular savings | \$ | | | |
| Regular investments | \$ | | | |
| | \$ | | | |
| Sub total | \$ | | | |
| Insurance | | | | |
| Home and contents | \$ | | | |
| Car | \$ | | | |
| Health | \$ | | | |
| Income protection | \$ | | | |
| Life | \$ | | | |
| | \$ | | | |
| Sub total | \$ | | | |
| Other expenses | | | | |
| Child care | \$ | | | |
| Child support payments | \$ | | | |
| Gifts | \$ | | | |
| Donations | \$ | | | |
| Hobbies and sports | \$ | | | |
| Subscriptions | \$ | | | |
| Movies and DVDs | \$ | | | |
| Restaurants/ takeaway | \$ | | | |
| Clothes and shoes | \$ | | | |
| Hair and beauty | \$ | | | |
| | \$ | | | |
| Sub total | \$ | | | |
| TOTAL CURRENT EXPENSES | \$ | | | |

PART E: YOUR ASSETS & LIABILITIES

23 Do you own, partly own or have a financial interest in any property assets?

No Go to next question

Yes Give details below

1 Type of property (e.g. family home)

Address of property

Postcode

Current market value Amount owed

\$ \$

Minimum monthly repayment

\$

Joint ownership

No

Yes Your share %

Name of financial institution/bank

2 Type of property (e.g. rental property)

Address of property

Postcode

Current market value Amount owed

\$ \$

Minimum monthly repayment

\$

Joint ownership

No

Yes Your share %

Name of financial institution/bank

24 Do you own, partly own or have a financial interest in any motor vehicles, motorcycles, boats, trailers, caravans, or motor homes?

No Go to next question

Yes Give details below

1 Type of asset (e.g. car)

Make (e.g. Holden)

Model (e.g. Astra) Year

Current market value Amount owed

\$ \$

Minimum monthly repayment

\$

Joint ownership

No

Yes Your share %

Name of financial institution/bank

2 Type of asset (e.g. motorcycle)

Make (e.g. Honda)

Model (e.g. VTR 250) Year

Current market value Amount owed

\$ \$

Minimum monthly repayment

\$


Joint ownership

No

Yes Your share %

Name of financial institution/bank

 If you have more than 2 property assets, attach a separate sheet with details.

 If you have more than 2 motor vehicles, attach a separate sheet with details.

25 Do you have any cash assets?

No Go to next question

Yes Give details below

1 Type of account (e.g. savings account)

Name of financial institution/bank

Branch number (BSB)

Account number

Balance

\$

Joint account

No

Yes Your share %

2 Type of account (e.g. cheque account)

Name of financial institution/bank

Branch number (BSB)

Account number


Balance

\$

Joint account

No

Yes Your share %

 If you have more than 2 accounts, attach a separate sheet with details.

26 Do you own, partly own or have a financial interest in any shares, bonds or other investments?

No Go to next question

Yes Give details below

1 Type of investment

Name of company

Current amount invested Currency if not AUD

\$

Joint ownership

No

Yes Your share %

2 Type of investment

Name of company


Current amount invested Currency if not AUD

\$

Joint ownership

No

Yes Your share %

 If you have more than 2 financial investments, attach a separate sheet with details.

27 Do you have any life insurance policies that include a savings or investment component?

No Go to next question

Yes Give details below

Name of insurance company

Policy number

Surrender value

\$

28 Do you have any superannuation?

No **▶** Go to next question

Yes **▶** Give details below

1 Name of institution/ company

Policy number

Amount

2 Name of institution/ company

Policy number

Amount

29 What is your estimate of the current market value of your household contents and personal effects?

| Current market value | Amount owed |
|--|---|
| <input type="text" value="\$"/> | <input type="text" value="\$"/> |
| Joint ownership | |
| No <input type="checkbox"/> | |
| Yes <input type="checkbox"/> ▶ Your share | <input style="width: 50px;" type="text" value="%"/> |

30 Have you sold or given away any of your assets to friends, relatives or other people in the past 12 months?

No **▶** Go to declaration at Part F

Yes **▶** Give details below

| |
|--|
| |
| |
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PART F: YOUR DECLARATION

31 Statement

You are legally responsible for the accuracy of the information you provide. In accordance with section 159 and section 159A(1) of the *Child Support (Assessment) Act 1989* the penalty, upon conviction, for

- deliberately or recklessly giving false or misleading information; or
- omitting information

may include imprisonment for up to six months, a fine up to \$550, or both.

I declare that:

- The information provided on this form is complete and correct to the best of my knowledge

I understand that:

- Giving false or misleading information is a serious offence.

Your signature



Date



IMPORTANT: You should retain a copy of this form for your records.