LONG SERVICE
BUILDING & CONSTRUCTION
Building and Construction Industry
Long Service Payments Act 1986

SELF EMPLOYED WORKER
CERTIFICATE OF SERVICE

Please fill in all details with a black or blue pen, use capital letters and avoid the edge of the box. A B C D

W

SAMPLE

1. ONLY COMPLETE ADDRESS AND CONTACT DETAILS IF THE ADDRESS DETAILS PRINTED ABOVE ARE WRONG

Address (number and street)

Suburb/Town

State

Postcode

Phone contact

2. INCOME DETAILS

Note: a separate form must be completed for each financial year.

Particulars of earnings for the period: D M Y to D M Y

Assessable income (see definition on reverse) $ .00

Prescribed costs (see definition on reverse) $ .00

3. TYPE OF WORK

What type of building and construction work were you doing for the majority of your work time? Please read the work type descriptions listed on the back of this form, and write the appropriate number in the boxes. If 098 or 099, write a brief description in the boxes.

Work type Number

Work Description

4. WORKER'S DECLARATION

I declare the information and particulars disclosed on this certificate are true and correct. I understand that a false or misleading declaration may result in prosecution and a penalty up to $5,500.

Signature

D M Y

5. TAX AGENT'S VERIFICATION (Note all sections must be completed)

I, of company name

verify that the particulars shown at section 2 are as declared in my client's Income Tax Return for the same period. I understand that the making of a false or misleading statement may result in a penalty up to $5,500.

Tax Agent's Signature

D M Y

Tax Agent's ABN (not Tax Agent Reference No.)

Telephone number

PLEASE DO NOT COPY OR RETURN FORM BY FAX