

centrelink



Seasonal, Contract and Intermittent Work Details (SU496)

This form is part of your claim for payment. We need this information to decide if we can grant your claim. Under section 192 of the *Social Security (Administration) Act 1999*, we have the authority to collect this information. Under section 196 of the *Social Security (Administration) Act 1999*, you must complete and return this form **within 14 days**.

Return this form and any supporting documents:

- online (excluding identity documents) using your Centrelink online account. For more information, go to servicesaustralia.gov.au/centrelinkuploaddocs
- by post to Services Australia, Employment Services, PO Box 7817 CANBERRA BC ACT 2610
- in person at one of our service centres.

Your details								
	Customer Reference Number (if known)							
	Your full name							
	Date of birth (DD MM YYYY)			phone number g area code)				
Did you have	a partner during the last 6 mon	ths?						
No Go	to 4							
Yes Part	tner's name							
Were you with	n the same partner for the whol	e 6 months?						
No Give details								
Yes Go	to next question							
	you and/or your partner have d							
If you and/or y	your partner have done more than 3 jobs, provide a separate sheet with details.							
	in duration and does not accrue		reasonably be pred	licted to end or not be avail	able for a periou, is le			
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Type of work (for example, fishing) Employer and contact details			Work completed by	You	Your partner		
Period worked Date started work (DD N	\$						
Allowable deductions (if any) for this work	T.	 employment un 	nount of employment ind dertaken by you and/or y	come f vour pa	from any other work on artner during the period		
	\$	of work detailed	above				
	\$				\$		
	\$				\$		
	\$				\$		
Tota	\$		٦	Total	\$		
If there is more income or deductions, pro	vide a separate sheet wit	th details.					
Type of work (for example, fishing) Employer and			Work completed by	You	Your partner		
Period worked Date started work (DD N	M YYYY) Date finished	d work (DD MM YY) List the gross ar	\$ mount of employment inc	come f	from any other work o		
(* 3.5), ***	\$	employment un of work detailed	undertaken by you and/or your partner during the peri led above				
	\$	or Work dotailed	45010		\$		
	\$				\$		
	\$						
Tota	\$			Total	\$		
If there is more income or deductions or y	ou need more space, prov	vide a separate she	et with details.				
You need to supply verifying documents payslips, invoice books, payment summar							
-							
The privacy and s information so w We only share you	Privacy and your personal information The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy						
eclaration							
I declare that:							
the information I have provided in this fo correct. I understand that:	rm is complete and	Doto (DD II	ANA VAAAAA (vou				
 I may need to provide further information Services Australia can make relevant en sure I receive the correct entitlement. 	iquiries to make	must date	Date (DD MM YYYY) (you must date this declaration) Your signature (only required if returning by post or in person)				
 giving false or misleading information is I have read, understood and agree to the 							

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