



About this form

You must complete an Income Statement every financial quarter during the period of NEIS Assistance. The purpose of the Income Statement is to allow you as the business owner, and the Department of Employment (DE) to monitor the progress of your NEIS business. DE will also determine continuing eligibility for NEIS Allowance (if applicable). This is done by your NEIS provider applying external income and viability tests based on the information that you provide (note: external income does not include income from your NEIS business). Giving false or misleading information is a serious offence.

When to complete this form

You will need to complete an Income Statement after each financial quarter during which you are operating your NEIS business. Statements must be lodged with your NEIS provider within 10 days after the end of each financial quarter. Failure to do so may result in the suspension of your NEIS Assistance. A financial quarter is a period from:

- 1 July to 30 September;
- 1 October to 31 December;
- 1 January to 31 March; and
- 1 April to 30 June.

If you commenced NEIS Assistance less than four weeks before the end of a financial quarter, you are not required to submit an Income Statement to your NEIS provider for that quarter. If this is the case, you should include the information from this period in your Income Statement for the next full financial quarter, which will be deemed to be your first financial quarter.

Who completes this form?

The NEIS participant named in the NEIS Participant Agreement should complete this form. You should only include your personal details on this form. Any partners in the NEIS business who are also receiving NEIS Assistance, including partners*, must complete a separate Income Statement.

* Definition of partner:

For Centrelink purposes a person is considered to be your partner if you and the person are living together, or usually live together, and are married; or in a registered relationship (opposite or same-sex); or in a de facto relationship (opposite or same-sex).

Centrelink considers a person to be in a de facto relationship from the time they commence living with another person as a member of a couple.

From 1 July 2009, Centrelink recognises all couples, opposite-sex and same-sex.

Your information and privacy

The information on this Income Statement may be subject to the Information Privacy principles set out in the *Privacy Act 1988*.

Your attention is drawn to the provisions contained in your NEIS Participant Agreement previously signed by you.

You must return this form within 10 days of the end of the financial quarter to your NEIS provider. Failure to do so may result in the suspension of your NEIS Allowance.

Your details

1 Your job seeker ID

2 Your NEIS Participant Agreement ID

3 Your full name

4 Your daytime contact phone number

STD ()

Your external income

5 Did you receive any income external to your NEIS business (excluding NEIS business income, NEIS Allowance, NEIS Rental Assistance, Centrelink or DVA Allowances/Pensions, and your partner's income) for this period? Do not include income you may have received before commencing NEIS Assistance.

(✓ appropriate box) No Yes

If YES, give amount of gross income

6 Source of income

Business income summary

Financial period being assessed

7 Quarter from (DD/MM/YYYY)

to

8 Quarter number (✓ appropriate box)

First Second Third Fourth

Cashflow summary

9

	BUDGET (as per NEIS Business Plan)	ACTUAL
A. INCOME	<input type="text"/>	<input type="text"/>
B. EXPENSES	<input type="text"/>	<input type="text"/>
C. BALANCE	<input type="text"/>	<input type="text"/>
D. DEBTORS (\$ OWED TO YOU)		<input type="text"/>
E. CREDITORS (\$ YOU OWE)		<input type="text"/>

NEIS business mentoring visit

10 Have you had a visit from your NEIS business mentor this financial quarter?

Yes No

11 Number of people working in your NEIS business (including yourself)?

Full-time Part-time

Declaration

I certify that the information supplied on this form is complete and correct to the best of my knowledge. I acknowledge that false information will lead to termination of NEIS Assistance and action to recover any payment falsely obtained will be instigated.

If you are completing this form electronically please print the completed form, sign in the provided signature block and send to your NEIS provider. If you are unable to sign due to a disability, please complete all required fields, mark the relevant signature block with the words "unable to sign" and email it to your relevant NEIS provider. They will contact you to confirm alternate signature arrangements based on your circumstances.

Signature

Date (DD/MM/YYYY)

Send this form to your NEIS provider and make a copy for your records.