

Foreign Source Income

Name: _____

Employer: _____

Country of Employment: _____

Date of Employment: _____

Gross Income: _____

Foreign Tax Paid: _____

List of possible expenses:

- In country living _____
- Travel / Accommodation _____
- In country travel _____
- In country Phone _____
- Passport / Visa _____
- International Drivers _____
- Inoculations/ Medical _____
- Protective Clothing _____
- Replacement tools _____
- Transit Meals/ Airport _____
- Mobile Phone _____
- Internet _____
- International Phone _____
- Home Office _____
- Taxi Fares _____
- Tax Agent Fee _____
- Donations _____
- Superannuation _____
- Spouse Super _____
- Other in Country Costs _____

Signature
By signing, I certify all information is true and
correct to the best of my knowledge

Date

Please provide Statement of Earnings