

**CLIENT NAME:** \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## REBATES SCHEDULE

Email: [checklists@mtmaccounting.co.nz](mailto:checklists@mtmaccounting.co.nz)

### Donations:

Enclose receipts for donations to schools, churches, and charitable organisations. Minimum allowable donation \$5.00

### Family Support

Please provide details of the names and birth dates of all children who you or your spouse supported during the year. If your child left school during the year, please advise the date of leaving school.

Name of child	Date of birth	Date left school

Have you received interim payments of Family Support direct from Inland Revenue during the year?

Yes

No

If so, how much? \$ \_\_\_\_\_

### Bank Account Details:

Please provide details of the bank account you would like your rebate claim deposited into:

Bank	Branch	Account Number	Suffix