

## DICTO (invalid relative) questionnaire

Taxpayer's name \_\_\_\_\_  
Tax file number \_\_\_\_\_  
Year ended \_\_\_\_\_  
Employer \_\_\_\_\_

1. During the 2014 income year, did you maintain another person who is your parent or your spouse's parent, or who is aged 16 years or over and is either your child, brother or sister, or is a brother or sister of your spouse, where that person received:

- a disability support pension or a special needs disability support pension under the *Social Security Act 1991*; or
- an invalidity service pension under the *Veterans' Entitlement Act 1986*?

**YES/NO**

If **yes**, please provide details of the date of birth, address and adjusted taxable income of your invalid relative(s) for the period 1 July 2013 to 30 June 2014:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are you aware that you can only claim a portion of the DICTO in relation to an invalid relative for that part of the year you were maintaining them?

**YES/NO**

What documents do you have to support the days that the relative was your dependant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Taxpayer's DICTO (invalid relative) declaration

- A. *I confirm that I wish to claim the DICTO in relation to an invalid relative that I maintained during the all or part of the 2014 income year;*
- B. *My tax agent has explained to me the law as it relates to claims for DICTO with regards to an invalid relative; and*
- C. *I understand that if I have any further queries it is my responsibility to raise them with my tax agent or request a Private Binding Ruling from the ATO.*

**Signed** .....

**Dated** .....