



Department of Seniors, Disability Services and
Aboriginal and Torres Strait Islander Partnerships

TAX INVOICE

**Queensland Government Utility Relief Payment
(Residential) 2020**

To: Concession Services
Department of Seniors, Disability Services and
Aboriginal and Torres Strait Islander Partnerships
PO BOX 15397 City East
QUEENSLAND 4002
concessions@smartservice.qld.gov.au

From:
Address:
Postcode:
A B N

ABN: 25 791 185 155

Period Represented by this claim:

From: _____ **To:** _____

| | <u>Number of Claimants As at 30 April 2020</u> | <u>GST Exempt Amount (\$200 per customer) \$</u> |
|-----------------------------------|---|---|
| Residential Claimants * | | |
| | | |
| Claimants in Embedded Networks ** | | |
| | | |
| TOTAL VALUE OF CLAIM | | |

* 'Residential Claimants' are residential accounts existing on 30 April 2020.

** 'Claimants in Embedded Networks' are residential claimants of the retailer's exempt seller customers claimed for via Form 511.

I hereby certify that:

- The Queensland Government Utility Relief Payment (Residential) detailed on this claim is only for those consumers who have satisfied the eligibility criteria adopted by this Retailer as agreed with the Queensland Government; and
- The number provided at "Claimants in Embedded Networks" is the total of the figures provided by Embedded Network Operators that are customers of the Retailer; and
- No customer found to be ineligible has been included in the claim; and
- This claim is a true and correct assessment of the total value of the Queensland Government Utility Relief Payment (Residential) credited against accounts issued by this Retailer for the period stated.

(Signature)

(Designation)

(Name of signatory)

(Date)