



To the employer:

.....
.....
.....

Return the completed form to:

.....
.....
.....

The information this form requests, about the person below, is collected because it is relevant to the services that the Ministry of Social Development (or our Contracted Service Provider) provides. It may also be shared with the client.

The income details we need are for:

the 52 week period ending
Day Month Year

OR

the period from to
Day Month Year Day Month Year

Please complete this form and send it back to us by
Day Month Year

Please contact me if you have any questions.

Thank you.

MSD staff member's name:

Phone number () Fax number ()

Email address

We are asking for this information under the authority of the legislation of the Social Security Act 1964 and the Housing Restructuring and Tenancy Matters Act 1992.

Person's details

Client number

| |

Person's full name

First and middle names

Surname or family name

Person's date of birth

Day Month Year

Employer to complete

Tell us when the person worked for you

1

When did the person start working for you?

Day Month Year

2

What was the person's tax code?

3

Does the person still work for you?

No

[Go to question 5](#)

Yes

4

What type of work does this person do?

Full-time

Part-time

Casual

Seasonal

Self-employed

Voluntary

[Go to question 7](#)

HOW TO ANSWER Q4:

By full-time, we mean generally working at least 30 hours a week.

By part-time, we mean generally working at least 15 hours a week.

Details if the person no longer works for you

5

What was the last day the person worked for you?

Day Month Year

6

Did the person get any of the following payments when they left?

No

Yes



Please tick the box and write in the amounts

Sick pay

Before tax

\$

After tax

\$

Holiday pay

\$

\$

Termination pay

\$

\$

Redundancy pay

\$

\$

Other

\$

\$

Breakdown of the person's income

7

What has the person been paid, for the period given on page one.

If your payment system can produce the information requested in question seven, you can attach a printout.



Please fill in the table below. Do not include any amounts you answered for question six.

	Week ending	Amount before tax	Amount after tax	Hours worked
1	/ /	\$	\$	
2	/ /	\$	\$	
3	/ /	\$	\$	
4	/ /	\$	\$	
5	/ /	\$	\$	
6	/ /	\$	\$	
7	/ /	\$	\$	
8	/ /	\$	\$	
9	/ /	\$	\$	
10	/ /	\$	\$	
11	/ /	\$	\$	
12	/ /	\$	\$	
13	/ /	\$	\$	
14	/ /	\$	\$	
15	/ /	\$	\$	
16	/ /	\$	\$	
17	/ /	\$	\$	
18	/ /	\$	\$	
19	/ /	\$	\$	
20	/ /	\$	\$	
21	/ /	\$	\$	
22	/ /	\$	\$	
23	/ /	\$	\$	
24	/ /	\$	\$	
25	/ /	\$	\$	
26	/ /	\$	\$	

	Week ending	Amount before tax	Amount after tax	Hours worked
27	/ /	\$	\$	
28	/ /	\$	\$	
29	/ /	\$	\$	
30	/ /	\$	\$	
31	/ /	\$	\$	
32	/ /	\$	\$	
33	/ /	\$	\$	
34	/ /	\$	\$	
35	/ /	\$	\$	
36	/ /	\$	\$	
37	/ /	\$	\$	
38	/ /	\$	\$	
39	/ /	\$	\$	
40	/ /	\$	\$	
41	/ /	\$	\$	
42	/ /	\$	\$	
43	/ /	\$	\$	
44	/ /	\$	\$	
45	/ /	\$	\$	
46	/ /	\$	\$	
47	/ /	\$	\$	
48	/ /	\$	\$	
49	/ /	\$	\$	
50	/ /	\$	\$	
51	/ /	\$	\$	
52	/ /	\$	\$	

HOW TO ANSWER Q8:

Please include payments described in questions 6 and 7 and/or bonus payments, gratuities, etc.

8

What was the total amount the person received for the period given on page one, including any extra payments they received?

Before tax

\$

After tax

\$

HOW TO ANSWER Q9

Other types of payment include advantages such as free or subsidised goods and services (for example, free food, subsidised accommodation).

9

Did the person receive any other types of payment from you, apart from money, for the period given on page one?

No

Yes



Please tell us about the type of payment and its value

Type of payment

Value

<input type="text"/>	\$
<input type="text"/>	\$
<input type="text"/>	\$

Signature

- The information I have provided is a true and complete match of the records held in this office.
- I have authority to provide information for this business/company.

Business/Company name

Contact person's name

Contact person's telephone number

Contact person's email address

Employer's or delegated person's signature

Date

Day

Month

Year