



Inland Revenue  
Te Tari Taake

Your name

  


IRD number

1 ▶   
 (8 digit numbers start in the second box. 1 2 3 4 5 6 7 8)

Your address

  


Tax year

2 ▶ YEAR ENDING  
 31 March

Your daytime telephone

-

## TAX CREDIT\* CLAIM FORM

\*Formerly rebate.

### Donations, childcare or housekeeper payments

- To make a claim you must have received taxable income.
- Please read the notes on the worksheet before completing this claim form.
- If you've made a claim for this year, **don't** complete this form. Send us your additional receipt(s), name, address and IRD number, and we'll update your claim.

#### Sharing receipts with your spouse/partner

Read the notes on the back of the worksheet under "Surplus payments". If you and your spouse/partner are sharing receipts, enter their details here.

NAME OF YOUR SPOUSE/PARTNER

IRD NUMBER  
OF YOUR SPOUSE/  
PARTNER

(8 digit numbers start in the second box. 1 2 3 4 5 6 7 8)

#### Total donations made to donee organisations

Enter the total donations you're claiming in Box 3 and staple your receipts to the back of this form.

3 ▶ \$   
 From Box A on worksheet

#### Total childcare and/or housekeeper payments

Enter the total payments you're claiming in Box 4 and staple your receipts to the back of this form.

4 ▶ \$   
 From Box B on worksheet

Print the full name, address and phone number of your childcare provider(s) and/or housekeeper(s). If there isn't enough room, attach a list of their details to this form.

FULL NAME, ADDRESS AND PHONE NUMBER OF CHILDCARE PROVIDER OR HOUSEKEEPER.

#### Total donations, childcare and housekeeper payments

Add Boxes 3 and 4 together and print the answer here.

\$   
 From Box C on worksheet

If your taxable income\*\* was less than your total donations, childcare and housekeeper payments, tick here.

5 ▶  **Note:** Your claim will be limited to the lesser of your taxable income or the relevant maximum.

\*\*Salary/wage earners – income before tax is deducted IR 3 filers – income less expenses and losses, but before tax is deducted

#### Bank account details

If there isn't a bank account number shown below, or you'd like us to deposit your tax credit to a different bank account please enter this number in Box 6.

6 ▶ BANK BRANCH ACCOUNT NUMBER SUFFIX  
 0 2  0 5 6 8  0 1 4 0 0 3 0  0 1 0

ACCOUNT HOLDER'S NAME

 CCS DISABILITY ACTION

#### Transferring your tax credit

If you want to transfer your tax credit to your or someone else's income tax account, enter the details in the boxes.

7 ▶ IRD NUMBER   
 (8 digit numbers start in the second box. 1 2 3 4 5 6 7 8)

NAME OF PERSON RECEIVING THE TAX CREDIT

AMOUNT TO TRANSFER

TRANSFER TO YEAR ENDING

8 ▶ \$   
 31 March

#### Please sign and date the declaration

I declare the information I have provided on this form is true and correct.

SIGNATURE

DATE

 / /

**Note:** A person commits an offence if they knowingly provide altered, false, incomplete, or misleading information. If they are convicted, they can be fined, imprisoned or both.

Please turn over

We will send you confirmation of the amount of your tax credit (refund) within eight weeks.

Staple receipts and any list of childcare providers and/or housekeepers here.

ARE YOUR PERSONAL DETAILS CORRECT?

We need your correct information so next year we can send you your tax credit claim form without delay. If any of your contact details shown on the front are missing or incorrect, please enter your correct details here:

DAYTIME TELEPHONE NUMBER

9

POSTAL ADDRESS

If your new address is a PO Box number, please show your box lobby if you have one. If you are unsure of your box lobby please contact New Zealand Post.

10

STREET ADDRESS

11

12  OFFICE USE ONLY    OPERATOR CODE     CORRESP. INDICATOR