

- **Complete this form to nominate someone (for example, a family member or company's staff member) to act on your behalf with Inland Revenue. This includes making enquiries, receiving your statements, refunds and other correspondence. Having a nominated person does not change your responsibilities. You are still responsible for your own tax affairs, so you need to make sure that any returns are filed and tax paid by the due date.**
- **Use the space available on the back of this form if you need to nominate more than one person.**
- **For individuals**, a nominated person can only be chosen by the person whose account the nominated person will have authority.
- **For a non-individual**, a nominated person (for example, payroll clerk or office administrator) can only be set up by a company director, a trustee or estate administrator, or an executive officer.
- To protect your privacy and security we can only discuss your tax affairs and/or child support with you or the person you nominate to act on your behalf (your nominee).
- **Child support customers** By signing this form you are allowing the nominated persons(s) to have access to your child support information and to discuss your child support matters with us. Please note that it does not allow the nominated person to authorise forms on your behalf.
Please tick the circle if you want your nominee to receive your statements and correspondence.
Please send your completed form to Inland Revenue Child Support, Private Bag, (your local city).

Your first name(s) Your surname

Your IRD number Your phone number ()

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

Your postal address
(We need this information to validate the nomination)

Non-individuals only

Organisation's name

Organisation's IRD number Nominator's position (eg director, shareholder)

Please provide details of the person who will act on your behalf

Your nominee's first name(s) Your nominee's surname

Your nominee's IRD number Your nominee's phone number ()

Your nominee's postal address

Position occupied – non-individuals (eg office administrator)

Show which accounts your nominee will act on your behalf for and how long they will act for

	Start date			End date		
	Day	Month	Year	Day	Month	Year
Please tick:	<input type="checkbox"/>	Working for Families Tax Credits*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
• the appropriate circles	<input type="checkbox"/>	Fringe benefit tax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
• complete dates you want your nominee to act on your behalf by completing the start date and end date boxes.	<input type="checkbox"/>	Goods and services tax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If you want them to act indefinitely leave the end date blank	<input type="checkbox"/>	Income tax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
You can end a nominated person's authority at any time by phoning us on 0800 227 774 (individuals) or 0800 377 774 (business).	<input type="checkbox"/>	PAYE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	Rebate claims	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	Student loan	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	KiwiSaver	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	Child Support	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	Other <input type="text"/> (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your signature / / Date

*Previously known as family assistance

Please provide details of the person who will act on your behalf

Your nominee's first name(s) Your nominee's surname

Your nominee's IRD number Your nominee's phone number ()

Your nominee's postal address

Position occupied – non-individuals (eg office administrator)

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<input type="checkbox"/> Fringe benefit tax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Goods and services tax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Income tax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> PAYE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="checkbox"/> Child Support	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other <input type="text"/> (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your signature / / Date

Please provide details of the person who will act on your behalf

Your nominee's first name(s) Your nominee's surname

Your nominee's IRD number Your nominee's phone number ()

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Your signature / / Date