

# Working for Families Tax Credits Parental Tax Credit / Best Start

2020

Client name: .....

| Records Required  | ✓   | Comments             |                                |                   |                      |                                |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|---|---|----------------------|--------------------------------|-------------------|----------------------|--------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| <p>Please supply full names and birth dates of all children. Please note the following:</p> <ul style="list-style-type: none"> <li>▪ If you had a child born within the current financial year you may be eligible for the Parental Tax Credit and/or the Best Start Tax Credit. Please include their IRD number below. If you do not have this you will need to obtain one for them in order to claim any entitlement for them</li> <li>▪ Where a child has become financially independent during the current financial year, please advise the date.</li> </ul> <p>If you have received Working for Families Tax Credits during the year, please supply the certificate issued to you by Inland Revenue, detailing the amounts.</p> <p>Also provide details of any child support or maintenance payments made or received.</p> <p>Shared custody – please advise percentage of care per child</p> <p>Changes of marital status (give details)</p> <p>If we do not prepare your spouse or partner's taxation return, please provide us with their full name and details of their income.</p> <p>Average number of hours worked per week : You _____<br/>Your partner _____</p> | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> |                      |                                |                   |                      |                                |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <p><b>Dependent children <u>as at 1 April 2019</u></b><br/>(includes at tertiary if not working more than 30 hours a week or receiving a student or WINZ benefit)</p> <table border="1" data-bbox="95 1433 1465 1836"> <thead> <tr> <th data-bbox="95 1433 678 1512"><u>Child's name</u></th> <th data-bbox="678 1433 917 1512"><u>IRD number</u></th> <th data-bbox="917 1433 1141 1512"><u>Date of birth</u></th> <th data-bbox="1141 1433 1465 1512"><u>Date became independent</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>   |   |                      | <u>Child's name</u>            | <u>IRD number</u> | <u>Date of birth</u> | <u>Date became independent</u> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| <u>Child's name</u>   | <u>IRD number</u>   | <u>Date of birth</u> | <u>Date became independent</u> |                   |                      |                                |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____   | _____   | _____                | _____                          |                   |                      |                                |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____   | _____   | _____                | _____                          |                   |                      |                                |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____   | _____   | _____                | _____                          |                   |                      |                                |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____   | _____   | _____                | _____                          |                   |                      |                                |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
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