

Employment and earnings information for reviews



MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

To the employer:

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.....
.....

Return the completed form to:

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.....

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 Providers) provide. 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

Day	Month	Year

 to

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 ()
Email		

We are asking for this information under the authority of the legislation of the Social Security Act 2018 and the Housing Restructuring and Tenancy Matters Act 1992.

Person's details

Client number

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Person's full name

First and middle names

Surname or family name

Person's date of birth

Day Month Year

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Employer to complete

Tell us when the person worked for you

1

When did the person start working for you?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

6

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

No
 Yes [Please tick the box and write in the amounts](#)

	Before tax	After tax
<input type="checkbox"/> Sick pay	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Holiday pay	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Termination pay	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Redundancy pay	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Other	\$ <input type="text"/>	\$ <input type="text"/>

HOW TO ANSWER Q6:

Holiday pay includes long-service leave payments and

termination pay includes payments in lieu of notice.

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
	\$
	\$
	\$

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's name

Contact person's name

Contact person's details

Phone number	()
Email	

Employer's or delegated person's signature

Day

Month

Year

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