

Child support review – statement of financial position

When to use this form

Complete this form when you are applying for or responding to an administrative review application.

You can make your application for an administrative review using myIR.

Before applying for an administrative review read the guide **Helping you to understand child support reviews – IR175** to learn more about the administrative review process.

1 Your details

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

Your name

First name(s)

Surname

Your address

Street address or PO Box

Suburb, town or city

Postcode

Phone number(s)

Day Evening Mobile

2 Name and address of employer

Name

Address

Phone number(s)

Day Evening Mobile

If you have more than one employer, show the one you work the most hours for

Your occupation or job

Declaration

- To the best of my knowledge the information given is true and correct.
- I understand that the financial information in this form will be provided to the other person(s) for the purpose of this review if they are the applicant or the other party and they ask for a copy.
- I understand that even if a copy is not requested, the contents of this statement may be referred to in the review officer's decision.

Signature

/ /
Date

There are penalties for deliberately giving false or misleading information.

OFFICE USE ONLY Review case number Applicant Other party Office

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Income

Please show your income details before tax and other deductions such as superannuation, union fees or insurance are taken out. Only give details about personal income and expenses, not company, partnership or trust details.

	Your yearly income	Your monthly income	Income of spouse or partner living with you
Salary or wages from regular job(s)	\$.	\$.	\$.
Work and Income benefit	\$.	\$.	\$.
Type	\$.	\$.	\$.
ACC payments	\$.	\$.	\$.
Pay for temporary, casual or part-time work	\$.	\$.	\$.
Drawings from business	\$.	\$.	\$.
Self-employed income	\$.	\$.	\$.
Superannuation	\$.	\$.	\$.
Working for Families Tax Credits	\$.	\$.	\$.
Child support or maintenance	\$.	\$.	\$.
Rent or board	\$.	\$.	\$.
Interest or dividends	\$.	\$.	\$.
Other	\$.	\$.	\$.
Total income	\$.	\$.	\$.

	Name	Relationship to you (for example, son, mother, partner)	Date of birth (children only)
Please give information about every person in your household you financially support or help support.			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
Include anyone you financially support, or help support, who doesn't live in the same house as you.			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /



Expenses

	Your monthly share	Spouse or partner's share
How much do you pay each month for the following?		
Rent, board or mortgage	\$.	\$.
House maintenance	\$.	\$.
House and contents insurance	\$.	\$.
Rates	\$.	\$.
Power and gas	\$.	\$.
Telephone, including mobile	\$.	\$.
Food and groceries	\$.	\$.
Cigarettes and alcohol	\$.	\$.
Entertainment	\$.	\$.
Rental of household items	\$.	\$.
TV subscriptions (Sky, Netflix)	\$.	\$.
Hire purchase (payments only – show details of what you owe on the next page)	\$.	\$.
Bus, train, taxi fares and petrol	\$.	\$.
Vehicle registration and insurance	\$.	\$.
Vehicle maintenance	\$.	\$.
Clothing and footwear	\$.	\$.
Childcare	\$.	\$.
School expenses	\$.	\$.
Child support or maintenance payments	\$.	\$.
Access to children (travel and accommodation)	\$.	\$.
Animal expenses (food, vet, registration)	\$.	\$.
Work and Income repayments	\$.	\$.
Medical (not claimed on insurance)—doctor, dentist, pharmacy, optician	\$.	\$.
Insurance (medical, life, other)	\$.	\$.
Superannuation contributions	\$.	\$.
Store cards, such as Farmers, or The Warehouse (payments only – show details of what you owe on the next page)	\$.	\$.
Credit card repayments (payments only – show details of what you owe on the next page)	\$.	\$.
Bank or loan repayments (payments only – show details of what you owe on the next page)	\$.	\$.
Donations	\$.	\$.
Tax	\$.	\$.
Other (for example courts/fines)	\$.	\$.
Total monthly expenses	\$.	\$.

OFFICE USE ONLY	Total income	<input type="text"/>	Total assets	<input type="text"/>
	Total expenses	<input type="text"/>	Total liabilities	<input type="text"/>
	Balance	<input type="text"/>	Balance	<input type="text"/>

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Assets and liabilities

What you own and what you owe

	Ownership		Value	Amount owing
	self	joint		
House				
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Term of loan <input type="text"/> Date started <input type="text"/> / <input type="text"/> / <input type="text"/>				
Other real estate (give details, for example, flats, land)				
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Term of loan <input type="text"/> Date started <input type="text"/> / <input type="text"/> / <input type="text"/>				
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Term of loan <input type="text"/> Date started <input type="text"/> / <input type="text"/> / <input type="text"/>				
Motor vehicles				
Make and year <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Term of loan <input type="text"/> Date started <input type="text"/> / <input type="text"/> / <input type="text"/>				
Make and year <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Term of loan <input type="text"/> Date started <input type="text"/> / <input type="text"/> / <input type="text"/>				
Furniture and household items				
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Personal items (for example, jewellery)				
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Other loans or purchase agreements				
Purpose <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Term of loan <input type="text"/> Date started <input type="text"/> / <input type="text"/> / <input type="text"/>				
Purpose <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Term of loan <input type="text"/> Date started <input type="text"/> / <input type="text"/> / <input type="text"/>				
Credit cards or store accounts				
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Other—include any money owed to you (give details)				
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Savings and investment accounts				
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Shares, debentures, bonds, life insurance				
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Total			\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>

Make sure you have signed and dated the declaration on the front page before sending to IR.

