

IR470A

## Ground 5 – high cost of contact worksheet

## When to use this form:

- when you apply for an administrative review under Ground 5
- you must also complete the Application for an administrative review IR470 form

Read the guide **Helping you to understand child support reviews – IR175** for more information on ground 5 to help with completing this form.

You can complete an administrative review application at ird.govt.nz/myIR

| 0 | Your IRD number | (8 digit numbers start in the second box. 1 2 3 4 5 6 7 8 ) |
|---|-----------------|-------------------------------------------------------------|
| 2 | Your name       | Mr Mrs Miss Ms                                              |
|   |                 | First name(s)                                               |
|   |                 | Surname                                                     |

## I'm applying for the following child or children:

| First name(s) | Surname(s) | Date | Date of birth |  |
|---------------|------------|------|---------------|--|
|               |            |      |               |  |
|               |            |      |               |  |
|               |            |      |               |  |
|               |            |      |               |  |
|               |            | Day  | Month Year    |  |

## **Contact costs (annual)**

Your costs to maintain contact must be more than 5% of the adjusted income used in the child support assessment. If you use a private vehicle to travel to and from contact visits, the cost of travel is calculated per kilometre, see **ird.govt.nz/child-support/reviews-objections-exemptions/reviews/grounds** 

Distance travelled if using private vehicle

| Private travel (fares for bu                                                                  | us, train, plane, or petrol) | \$ | • |  |
|-----------------------------------------------------------------------------------------------|------------------------------|----|---|--|
| Commercial travel                                                                             | \$                           | •  |   |  |
| Accommodation                                                                                 |                              | \$ | • |  |
| Other costs, for example, costs to                                                            |                              | \$ | • |  |
| keep in regular phone<br>contact with your child.                                             |                              | \$ | • |  |
| contact with your child.                                                                      |                              | \$ | • |  |
| Costs of enjoying contact, for example, food and entertainment are not part of contact costs. |                              |    |   |  |
| Add up the costs listed                                                                       | A \$                         | •  |   |  |



| 5                                      | Show the adjusted income                                                                                                                                                                                                   | figure used in the child support formula assessment                                     |   | \$ | • |  |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---|----|---|--|
|                                        | Note: You can find the adjusted income on your most recent Child support entitlement or Child support to pay letter. If you're a non-parent carer, please contact us so we can advise the adjusted income you need to use. |                                                                                         |   |    |   |  |
|                                        | Multiply the adjusted income by 5% and write your answer in Box B                                                                                                                                                          |                                                                                         | В | \$ | • |  |
|                                        |                                                                                                                                                                                                                            | and write your answer in Box C be taken into account when considering your application. | С | \$ | - |  |
| 6 Please fill in the following details |                                                                                                                                                                                                                            |                                                                                         |   |    |   |  |
|                                        | The child or children live in                                                                                                                                                                                              |                                                                                         |   |    |   |  |
|                                        |                                                                                                                                                                                                                            | Town or city                                                                            |   |    |   |  |
|                                        |                                                                                                                                                                                                                            | Country                                                                                 |   |    |   |  |
|                                        | I live in                                                                                                                                                                                                                  | Town or city                                                                            |   |    |   |  |
|                                        |                                                                                                                                                                                                                            |                                                                                         |   |    |   |  |
|                                        |                                                                                                                                                                                                                            | Country                                                                                 |   |    |   |  |

Tell us about the contact you have had over the past 12 months. Tell us about the type of contact and the date it took place, for example, school holidays the children were in your care for two weeks.

| Has the other party paid anything toward the cost of maintaining your contact?                                                                                                                                                                         | Yes No                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Amount paid by other party or parties towards the cost of these contact visits.                                                                                                                                                                        | Amount paid,<br>if known: |
| <ul> <li>Declaration</li> <li>This statement is a true account of the costs of enabling contact with the chi</li> <li>I understand that Inland Revenue will give a copy of this form and any support if they ask for it.</li> <li>Signature</li> </ul> |                           |
|                                                                                                                                                                                                                                                        | / /<br>Date               |
|                                                                                                                                                                                                                                                        | Date                      |

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