

IR 822

January 2009

Tax check – Non-individual

Request for authorisation

● CONFIDENTIAL WHEN COMPLETED

NOTE TO THE SERVICE PROVIDER:

When this form is completed please return it promptly to the Inland Revenue representative.

NOTE TO THE IR REPRESENTATIVE:

Forward the completed form to Special Files or Procurement. Allow up to 14 days for a response.

This is a request for authorisation to search the taxation records of the provider named below ("provider") for the purposes of checking their compliance with the Inland Revenue Acts. This compliance check is done by us as part of our internal process. The information on this form will be used for the tax compliance check and may also be used for other administrative purposes (such as updating the contact details in their tax records).

A condition of providing goods and services to Inland Revenue is that the provider's tax records are searched to ensure compliance with taxation legislation. If you don't provide the information requested or elect not to give authorisation then we won't undertake the search. However, we may prevent the provider from providing (or continuing to provide) goods and services to Inland Revenue.

This tax check will be carried out by our Special Files unit or our Corporate unit who will notify the IR representative (named below) of the result of the check, including any matters which may need to be addressed. Other Inland Revenue personnel may also be informed or consulted.

INLAND REVENUE REPRESENTATIVE TO COMPLETE

Nature of the services to be provided

Site/segment

Inland Revenue representative this form is to be returned to:

Name

Position

Location

Contact phone number

 ()

Extension

AUTHORISED REPRESENTATIVE TO COMPLETE

Company/partnership name

Trading name

Date of commencement of the business

Day	Month	Year					

GST number

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

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Primary location

(town/city and country)

Physical address

Street

Town/city

How long have you been there? (approximately)

Contact phone number

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Previous address(es) of the provider

(if you have lived at the above address for less than 3 years)

Street

Town/city

Street

Town/city

Previous or other names of provider (e.g. previous company name)

Does the provider have any outstanding taxation returns?

No

Yes – If yes, please state the circumstances below

Does the provider have any outstanding tax returns?

No

Yes – If yes, please state the circumstances below

DECLARATION BY AUTHORISED REPRESENTATIVE OF THE PROVIDER

I hereby authorise Inland Revenue to conduct their tax check on as outlined above.

(insert name of provider)

I hereby declare that I am duly authorised to sign this tax check form on behalf of the provider.

Name of authorised representative

Position of authorised representative

Signature

 / /
Date

Send the original copy to:
Special Files, Inland Revenue, PO Box 2848, Wellington,
Phone: either 0800 227 772 or extension 80653, Fax (04) 890 0006



Inland Revenue
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