



# APPLICATION FORM

## Please read and follow these instructions:

1. Complete the taxback.com application form. Scan and email this form, along with your final payslips and/or Statement of Earnings to [newzealand@taxback.com](mailto:newzealand@taxback.com) or fax them to +353 1 670 6963 for an immediate free estimation.
2. Sign and date any other forms and return them by post (scanned or faxed copies of these forms cannot be accepted) to:  
**Taxback.com, 12-14 College Green, Dublin 2, Ireland**



## CONTACT INFORMATION

PLEASE PRINT IN BLOCK CAPITALS

First Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date of Birth: DAY / MONTH / YEAR

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about our company? **Information Planet**



## STATUS INFORMATION

Have you filed a tax return with the

Tax Authorities for this year of employment? Yes  No

Date of Arrival in New Zealand: DAY / MONTH / YEAR

Date of Departure from New Zealand: DAY / MONTH / YEAR

Address while in New Zealand: \_\_\_\_\_

IRD Number: \_\_\_\_\_

Have you worked in any other country?

UK  Ireland  Other

Have you applied for a tax refund from there? Yes  No



## EMPLOYMENT INFORMATION

EMPLOYER 1

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Code: \_\_\_\_\_

Telephone & Fax: \_\_\_\_\_

Worked From: DAY / MONTH / YEAR Until: DAY / MONTH / YEAR

Do you have your cumulative pay slip? Yes  No

If no, would you like us to source replacements for you? Yes  No

Have you received a Statement / Summary of Earnings? Yes  No



## EMPLOYMENT INFORMATION

EMPLOYER 2

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Code: \_\_\_\_\_

Telephone & Fax: \_\_\_\_\_

Worked From: DAY / MONTH / YEAR Until: DAY / MONTH / YEAR

Do you have your cumulative pay slip? Yes  No

If no, would you like us to source replacements for you? Yes  No

Have you received a Statement / Summary of Earnings? Yes  No



## EMPLOYMENT INFORMATION

EMPLOYER 3

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Code: \_\_\_\_\_

Telephone & Fax: \_\_\_\_\_

Worked From: DAY / MONTH / YEAR Until: DAY / MONTH / YEAR

Do you have your cumulative pay slip? Yes  No

If no, would you like us to source replacements for you? Yes  No

Have you received a Statement / Summary of Earnings? Yes  No

If you had more than 3 employers, please include information on a separate page.

\*Document retrieval fee applies