OFFICE USE ONLY	Client no.:	Date received: /	/ Application n

August 2016 INZ 1006



Confirmation of Tax Residence Status

Se	ection A Personal details			
All applicants must complete this section.				
A 1	Name as shown in passport			
	Family/last name			
	Given/first name(s)			
A2	Other names you are known by or have ever been known by			
А3	Gender Male Female A4 Date of birth DIDIMINITY MALE			
A 5	IRD number			
A6	Contact details			
	Address			
	Telephone (daytime) Telephone (evening)			
	Fax Email			
Se	ection B Request for confirmation of tax resident status			
٥	Request for committation of tax resident status			
l wc	ould like to have my New Zealand tax residence status confirmed for use by Immigration New Zealand.			
Signature of applicant Date Date Date Date Date Date Date Dat				



About the information you provide

Deciding whether you are eligible for a permanent resident visa or further travel conditions.

Immigration New Zealand collects the information about you on this form to decide whether you are eligible for a permanent resident visa or further travel conditions on your resident visa.

The address of Immigration New Zealand is PO Box 1473, Wellington 6140, New Zealand. **This is not where your application should be sent**.

Collecting the information is authorised by the Immigration Act 2009 and the Immigration Regulations made under that Act. You do not have to provide the information, but if you do not we are likely to decline your application.

Immigration New Zealand may also share the information you have provided with other government agencies that are entitled to it by law, or with other agencies (as you have agreed in the declaration).

If you come to New Zealand, you will be able to ask to see the information we hold about you and have any of it corrected if you think it is necessary.

For more information

If you have questions about completing the form:

- see our website www.immigration.govt.nz/contactus
- telephone our call centre on 0508 558 855 (within New Zealand)

Section C To be completed by Inland Revenue					
I confirm that Name					
is/is not a New Zealand resident for tax purposes.					
He/She has been a tax resident for State period	in the last two years.				
IR Officer's name					
IR Officer's signature	Date DIMINITINI				
IR Officer's position					
IR Office location					
	Official Stamp				

New Zealand Government