

### **New Employee Information**

|                         | Previous Employmen        | t with the University |                      |
|-------------------------|---------------------------|-----------------------|----------------------|
| Legal Name Employed as: | Staff Number (If Known) : | Approximate Date:     | Years of employment: |
|                         |                           |                       |                      |
|                         |                           |                       |                      |

#### Previous Employment (within last 12 months)

I agree to Victoria University of Wellington using information held on my employment file including tax, superannuation, and bank account details for this contract

| Date :   | Name :   | Signature :  |   |
|--|--|--|---|
|  |  |  |   |
| Part A : Personal Particulars  |  |  |   |
| Full Legal Name :  |  |  |   |
| Surname / Family Name  | First Name   | Middle Name (s)  | Title (Prof/DrMr/Mrs/Ms/Miss)   |
|  |  |  |   |
| Other Names :  |  |  |   |
| Preferred Name   |  | Previous Surname   |   |
|  |  |  |   |
| Gender :   |  |  |   |
| Male   | Female   | Gender Diverse   | Other   |
| Date of Birth :  |  |  |   |
| DD / MM / YYYY   |  |  |   |
| Contact Details :  |  |  |   |
| Address  | Suburb   | City   | Post Code   |
|  |  |  |   |
| Mobile Phone   | Telephone (home if applicable)                     | Email address  | Í de la companya de l |
|  |  |  |   |
| Emergency Contact :  |  |  |   |
| Name   | Relationship                                       | Mobile Phone   | Telephone (if applicable)   |
|  |  |  |   |
| Address  | Suburb   | City   | Post Code   |
|  |  |  |   |
|  | •  | •  | •   |
| Part B : Work Eligibility  |  |  |   |
| Immigration Conditions :   |  | Resident   | Other   |
| Please indicate which condition applies.<br>(tick or click on the box to indicate) | NZ Citizen   | Resident   | Other   |
|  | Australian Citizan                                 | Permanent Resident   | Other   |
|  | Australian Citizen                                 | Permanent Resident   | Other   |
| A copy of the bio page in your passport  |  | Desserve at Nieticae lite.   | Data of Evning  |
| is required. If none, a verified copy of an  | Passport Number                                    | Passport Nationality   | Date of Expiry  |
| NZ birth certificate   |  |  |   |
| VISA (attach a copy)   |  |  |   |
|  |  | enabling, you to work at Victoria University in  |   |
| entitlement to work in NZ. (e.g., through Im                                       |  | gning this form you consent to Victoria Universi   | ty verifying with government agencies your  |
| Visa Number  | Visa Type  | Visa Expiry  | Not Applicable  |
|  |  |  |   |
| Previous Convictions & Actions Pending   |  |  |   |
|  | uding those which may be concealed under           |  |   |
| the Clean Slate Act*), or do you have any cur<br>do not need to be disclosed)?     | rent actions pending (minor traffic offences       | Yes  | No  |
| If you answered Yes , provide details here   |  |  |   |
| provide details net e  |  |  |   |
| *The Criminal Records (Class Class) Art 200  | 4 moons you do not have to advice the University   | reity of convictions that becaused and   |   |
|  |  | rsity of convictions that happened over seven<br>conviction for a "specified offence" (e.g., sexua |   |
| or the mentally impaired) you are required t                                       | o tell us. To see the list of offences that you ne | eed to tell employers about, look at www.leg   | islation.govt.nz.   |

| Part C : Additional Personal Information   | n   |   |   |
|--|---|---|---|
| Responses to the questions in this Part C will<br>Safety at Work Act 2015 and the Accident Cor |   | rting purposes; and to assist the University to r | neet its obligations under the Health and |
| Country of Origin (Birthplace)   | Ethnicity   |   |   |
|  | Please indicate up to two (2) ethnic groups with which you most strongly identify |   |   |
| For staff who identify as New Zealand N  | Aāori, please provide all Iwi that you ide  | ntify with in order of greatest associatio        | n   |
|  |   |   |   |
| Impairment/Disability  |   |   |   |
| Do you live with the effects of any impairmen<br>existed at birth; natural aging?              | nt from disease or illness; accident or injury;                                   | Yes   | No  |
| If yes, please indicate below if your disability   | affects any of the following (tick or click on the                                | box to indicate)                                  |   |
|  | Agility   | Hearing   | Intellect                                 |
|  | Learning  | Memory  | Mobility                                  |
|  | Psychological   | Sight   | Speech                                    |
|  | Other (Please Specify) :  |   |   |
| Health   |   |   |   |
| Do you currently have, or have had in the pas<br>affect your job performance, or be aggravated |   | Yes   | No  |
| If yes, please provide further information her   | e :   |   |   |

| Part D : Qualifications                         |                                |                        |          |
|---|--------------------------------|------------------------|----------|
| <b>Qualifications (Attach Verified copies o</b> | f qualification certificates ) |                        |          |
| Abbreviation                                    | Qualification Title            | Conferring Institution | Country  |
|   |                                |                        |          |
|   |                                |                        |          |
|   |                                |                        |          |
|   |                                |                        |          |
| Professional Affiliations                       |                                |                        |          |
| Abbreviation                                    | Affiliation Full Title         | Start Year             | End Year |
|   |                                |                        |          |
|   |                                |                        |          |

| Part E : Bank And Tax Information             |  |   |                                     |
|---|--|---|-------------------------------------|
| Bank Account                                  |  |   |                                     |
| Please ensure a scree                         | nshot or bank deposit slip is attached to verify | bank details, application will not be processed | without one attached.               |
| Bank (Prefix)                                 | Bank Branch                                      | Account Number                                  | Suffix                              |
|   |  |   |                                     |
| Tax Information                               |  |   |                                     |
| IRD Number                                    | Tax Code   | Student Loan                                    | Kiwisaver Rate (if applicable)      |
|   |  |   |                                     |
| Please ensure Tax (IR330), Kiwisaver (KS2/KS1 | L0) and / or Unisaver forms are accurately com   | pleted and attached or your application may no  | ot be completed in a timely manner. |

### Part F : Declaration

In signing this declaration:

I understand that the information I provide is being collected for the purposes described in, and will be used in accordance with, the University's Privacy Notice (available at www.victoria.ac.nz/privacy); and

I endorse that all information provided by me is true and correct in all respects. I also understand that if any false information is given or material suppressed, I may be dismissed from my employment at Victoria University.

| Date : | Employee Signature : |
|--------|----------------------|
|        |                      |
|        |                      |
|        |                      |



12345678)

Tax code

Use this form if you're receiving salary or wages as an employee.

If you're a contractor or use a WT tax code, you'll need to use the Tax rate notification for contractors - IR330C form.

# Once completed: Employee Give this form to your employer. If you receive a payment such as a benefit or superannuation, return this form to Work and Income. Employer Do not send this form to Inland Revenue. You must keep this completed IR330 with your business records for seven years following the last wage payment you make to the employee. When an employee gives you this form you must change their tax code, even if you have received different advice in the past. 1 Your details First name/s (in full) Family name

IRD number

### 2 Your tax code

You must complete a separate Tax Code declaration - IR330 for each source of income

(8 digit numbers start in the second box.

Choose only ONE tax code

Refer to the flowchart on pages 2 and 3 and then enter a tax code here.

If you're a **casual agricultural worker**, **shearer**, **shearing shed-hand**, **recognised seasonal worker**, **election day worker** or have a **tailored tax code** refer to "Other tax code options" at the bottom of page 3, choose your tax code and enter it in the tax code circle.

### 3 Declaration

Signature

|   |     |           |         | 2 0           |
|---|-----|-----------|---------|---------------|
|   |     | Day       | Month   | Year          |
| Give this completed form to your employer. If you don't complete Numbers 1, 2 and 3, your employer must | ded | uct tax f | rom you | ır pay at the |
| non-notified rate of 45 cents (plus earners' levy).   |     |           |         |               |

#### Privacy

Meeting your tax obligations means giving us accurate information so we can assess your liabilities or your entitlements under the Acts we administer. We may charge penalties if you don't.

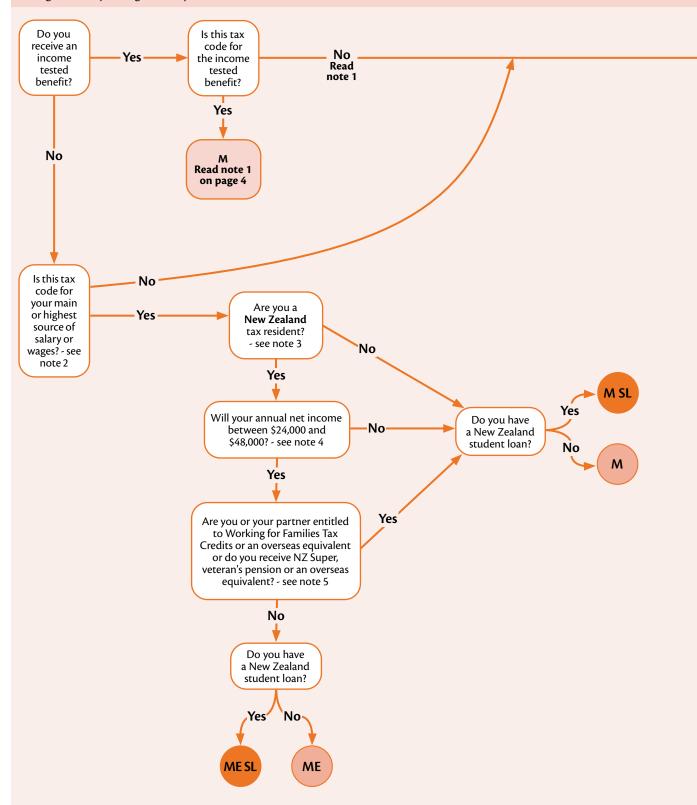
We may also exchange information about you with:

- some government agencies
- another country, if we have an information supply agreement with them
- Statistics New Zealand (for statistical purposes only).

If you ask to see the personal information we hold about you, we'll show you and correct any errors, unless we have a lawful reason not to. Contact us on 0800 377 774 for more information. For full details of our privacy policy go to **ird.govt.nz/privacy** 

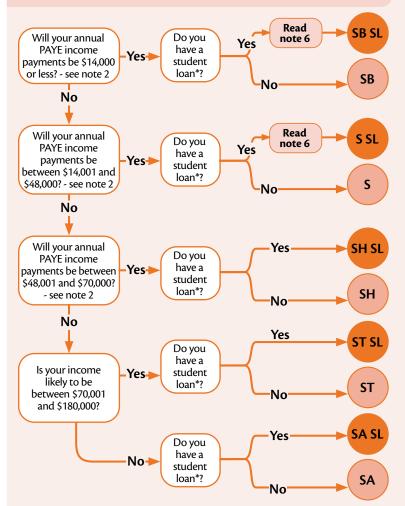
### Salary and wages - main or highest source of income

Choose your tax code here for your main or highest salary or wages . See secondary income and other tax code options below for secondary salary or wages or salary or wages from specific sources



### Secondary income

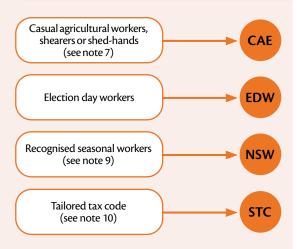
Choose your tax code here for your secondary salary or wages



\* Relates to New Zealand student loans only

### Other tax code options

Use the tax code shown if you receive salary or wages for any of the following types of work or you have a tailored tax code



Important: You may need to change your tax code if your circumstances change during the year. For example:

- you take out a student loan or pay it off
- start or stop being eligible to use ME or ME SL (see note 5 below)
- you have a second job and your income decreases or increases, changing the code you should be using.

### Notes to help you complete this form

1. If you receive a **benefit from Work and Income** (other than a student allowance, NZ Super or Veteran's Pension) you must use the "M" tax code for this income. You must use the secondary income section on page 3 to work out your tax code for any other salary or wages.

If you choose a secondary tax code of "S" or "S SL" and you'll earn more from your secondary job than your benefit, you may pay more tax than you're required to for that job. You can apply for a tailored tax code so that the right amount of tax is deducted - see note 9 for more information about tailored tax codes.

- 2. Annual PAYE income payments means income such as salary, wages, weekly accident compensation payments, NZ Super, Veteran's weekly compensation, Veteran's Pension, student allowance and schedular payments, earned from 1 April to 31 March. Salary and wages means the same but excludes schedular payments.
- 3. You are a New Zealand tax resident in any of these situations:
  - You've been in New Zealand for more than 183 days in any 12-month period and haven't become a non-resident.
  - You have a permanent place of abode in New Zealand.
  - You're away from New Zealand in the service of the New Zealand Government.
- 4. Your annual net income is your total gross income (before tax is deducted) from all sources less your allowable deductions, from 1 April to 31 March. It excludes a loss carried forward or back from a previous or future year.
- 5. If you or your partner are entitled to receive Working for Families Tax Credits (WfFTC) or receive an overseas equivalent, or if you receive an income-tested benefit, NZ Super, Veteran's Pension or an overseas equivalent of any of these, your tax code is "M" (or "M SL" if you have a student loan). You're not eligible to use "ME" or "ME SL".

For more information about WfFTC go to ird.govt.nz/wfftc

- 6. You may be eligible for a repayment deduction exemption on your salary and wage income if you:
  - have a student loan
  - are studying full-time in New Zealand
  - expect to earn below the annual repayment threshold from all sources
  - earn above the pay-period repayment threshold.

If you have a student loan and you choose "SB SL" or "S SL" for your tax code, you may pay more towards your student loan than you need to. If you earn under the pay period repayment threshold from your main job, you can apply for a special deduction rate to reduce your student loan repayment deductions on your secondary earnings.

For more information about repayment deduction exemptions and special deduction rates go to ird.govt.nz/studentloans

If you already have a repayment deduction exemption or special deduction rate for your student loan but your circumstances have changed, you'll need to update your details so we can check you're still eligible. You can do this at **ird.govt.nz** or by calling 0800 227 774.

- 7. **Casual agricultural workers** are people engaged in casual seasonal work on a day-to-day basis, for up to three months. This includes shearers and shearing shed-hands.
- 8. Election day workers are people working for the elections for the period of advanced voting and election day only.
- 9. If you are a recognised seasonal worker or hold a work visa as foreign crew of a vessel fishing New Zealand waters, you will use the "NSW" code. Recognised seasonal workers must be employed by a registered employer under the Recognised Seasonal Employers' Scheme and are employed in the horticulture or viticulture industries. You must have a Recognised Seasonal Employer Limited Visa/Permit. See www.immigration.govt.nz (search keyword: seasonal).
- 10. If you have a current **tailored tax code** certificate, enter "**STC**" as your tax code on page 1 and show your original tailored tax code certificate to your employer.

A tailored tax code is a tax deduction rate worked out to suit your individual circumstances. You may want one if the regular tax codes will result in you not paying enough tax or paying too much. For more information go to **ird.govt.nz** or contact us on **0800 227 774**. You can apply for a tailored tax code in myIR or download a **Tailored tax code application - IR23BS** form at **ird.govt.nz** 

11. If you need help choosing your tax code go to ird.govt.nz or contact us on 0800 227 774.



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|---|-----|----|----|--|

KS2 September 2020

## KiwiSaver deduction form

Do not send this form to Inland Revenue. This form should be kept by your employer with your employment records.

KiwiSaver Act 2006

Poua he Oranga

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**Siwi** 

| <ul> <li>Section A General Please put a dash to indicate your situation eg</li> <li>Are you a KiwiSaver member? Yes. Go to Question 2 No. Go to Question 3</li> <li>Are you on a savings suspension? Yes See note below No. Go to Question 3<br/>If you have a savings suspension notice you must show it to your employer to prevent them making KiwiSaver deductions.<br/>If you have lost your notice, you can get a replacement online at ird.govt.nz from your mylR account.</li> <li>Section B Personal details Please use BLOCK/LEITTER/S<br/>You must provide your IRD number, name and address.</li> <li>Your IRD number Mr Company Mr Compan</li></ul> |
|--|
| <ul> <li>Are you on a savings suspension? Yes See note below No. Go to Question 3<br/>If you have a savings suspension notice you must show it to your employer to prevent them making KiwiSaver deductions.<br/>If you have lost your notice, you can get a replacement online at ird.govt.nz from your myIR account.</li> <li>Section B Personal details Please use BLOCKLETTERS<br/>You must provide your IRD number, name and address.</li> <li>Your IRD number IRD number or you don't have one, call us on 0800 549 472</li> <li>Your name Mr 	Mrs 	Miss 	Miss 	Miss 	Other</li> </ul>   |
| <ul> <li>If you have a savings suspension notice you must show it to your employer to prevent them making KiwiSaver deductions. If you have lost your notice, you can get a replacement online at ird.govt.nz from your myIR account.</li> <li>Section B Personal details Please use BLOCKLETTERS You must provide your IRD number, name and address.</li> <li>3. Your IRD number IRD number IRD number, name and address.</li> <li>4. Your name IRD Mrs Miss Miss Ms Other IRD number or you don't have one, call us on 0800 549 472</li> </ul>   |
| <ul> <li>If you have lost your notice, you can get a replacement online at ird.govt.nz from your myIR account.</li> <li>Section B Personal details Please use BLOCKLETTERS<br/>You must provide your IRD number, name and address.</li> <li>Your IRD number</li> <li>If you don't know your IRD number or you don't have one, call us on 0800 549 472</li> <li>Your name</li> <li>Mr 	Mrs 	Mrs 	Miss 	Ms 	Other</li> </ul>   |
| <ul> <li>You must provide your IRD number, name and address.</li> <li>3. Your IRD number</li> <li>4. Your name</li> <li>Mr 	Mrs 	Mrs 	Miss 	Ms 	Other</li> </ul>   |
| 4. Your name   |
|  |
| Put a dash to indicate your title  |
|  |
| First names  |
| Surname  |
| 5. Your postal address   |
| Street number Street address or PO Box number  |
| Suburb, box lobby or RD  |
| Town or city Postcode  |
| 6. Your contact<br>numbers<br>Day<br>Mobile  |
| 7. Your email address  |
|  |
| If you give an email address you may receive KiwiSaver information by email  |
| • Section C Contributions  |
| <ul> <li>8. Choose a contribution rate: - 3% - 4% - 6% - 8% - 10%</li> <li>If you don't choose a rate, the default rate of 3% will be deducted.</li> </ul>   |
| 9. I declare that the information I have provided on this form is true and correct.  |
|  |
| Signature Date   |

## This form is to provide your details to your employer if you are:

- starting new employment
- an existing employee and want to opt into KiwiSaver
- a KiwiSaver member and want to change your contribution rate.

### Starting new employment

If you're not already a KiwiSaver member, you will be automatically enrolled if you're between the ages of 18 and 65 and your employer will begin making KiwiSaver deductions from your first payment of salary or wages. However, you can opt out at any time on or after day 14 and on or before day 56 of starting new employment - see your KiwiSaver information pack for details.

### Joining KiwiSaver if you're a new employee 65 or over

You can enrol in KiwiSaver by completing this form and giving it to your employer. Your employer will determine if you are eligible and then send your information to Inland Revenue and start making KiwiSaver deductions for you.

**Note:** If you opt in, you cannot opt out. We suggest you get financial advice before deciding to opt into KiwiSaver.

### Existing employees who want to become KiwiSaver members

You can enrol in KiwiSaver by completing this form and giving it to your employer. Your employer will determine if you are eligible and then send your information to Inland Revenue and start making KiwiSaver deductions for you.

**Note:** If you opt in, you cannot opt out. We suggest you get financial advice before deciding to opt into KiwiSaver.

### Joining KiwiSaver if you're under 18

If you're under 18 you can only join KiwiSaver by contacting your chosen scheme provider directly. You cannot join through your employer.

### **Existing KiwiSaver member**

If you are already a member, your employer should begin making KiwiSaver deductions for you unless you show them a savings suspension notice. To ensure deductions start it is recommended that you provide a KS2 form to your new employer and to request confirmation the form has been received. You'll find more information in your KiwiSaver information pack or go to **ird.govt.nz/kiwisaver** 

### **Contribution rate**

KiwiSaver contributions will be deducted from each payment of your salary or wages. You may choose a contribution rate of 3%, 4%, 6%, 8% or 10%. If you don't choose a rate, the default rate of 3% applies. If you want to contribute more you can make voluntary contributions directly to your scheme provider.

If you want to change your contribution rate, complete sections B and C of this form and give it to your employer.

For information on total remuneration packages and good faith bargaining refer to **ird.govt.nz/kiwisaver** and **employment.govt.nz** 

### **Privacy**

Find our full privacy policy at ird.govt.nz/privacy

### What an employer should do with this completed form

**Employer** - don't send this form to Inland Revenue. If the new employee is subject to automatic enrolment or an existing employee opts in, use this information to assist you to complete the IR346K. Keep this form with your business records for seven years following the last salary or wage payment you make to the employee.

For more information about KiwiSaver go to **ird.govt.nz/kiwisaver**