

Changes to your business information

If you have non-PAYE shareholder-employees and you're making changes to your business, call us on 0800 222 776 or complete and return this form.

Section 1 – Your contact details

ACC number:*

IR number:*

Name:

Company or employer name (if applicable):

Postal address:

Street

Suburb City + Postcode

Email address:

Phone:

Fax:

Mobile:

Section 2 – No longer employing any non-PAYE shareholder-employees

Complete this section if you no longer employ, or are planning to no longer employ, any non-PAYE shareholder-employees.

Date you stopped employing/will stop employing:

Complete all appropriate fields in the following table.

Earnings calculation from 1 April to the date you stopped employing

Non-PAYE shareholder-employee name	ACC or IR number	Remuneration	Payments for first week of injury	Payments after the first week of injury reimbursed by ACC*
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

* This only applies to employers with an ACC Employer Reimbursement Agreement.

If you have more than six non-PAYE shareholder-employees, please attach a schedule.

Continued ...

Section 3 – Changes to your business activity

Complete this section if your business activity (and therefore your classification unit) has changed or will change.

In most cases your business activity relates to services your business provides or goods your business produces. Business industry descriptions and codes are listed on www.businessdescription.co.nz. If you need help call 0800 222 776.

Date your business activity changed:

New business description:

New classification unit/business industry code:

Please explain why you are requesting a change to your business description

Section 4 – Your earnings are going to be different in the coming year

Complete this section if you believe your current year’s estimated liable earnings will change by more than 20% from those shown on your provisional invoice.

Complete the following table.

Earnings calculation from 1 April to the date you stopped employing		
Non-PAYE shareholder-employee name	ACC or IR number	Payments after the first week of injury reimbursed by ACC*
		\$
		\$
		\$
		\$
		\$
		\$

Section 5 – You made payments to non-PAYE shareholder-employees who were injured

Complete this section if you made payments to non-PAYE shareholder-employees for work injuries, or if ACC reimbursed you for payments you made.

If you completed Section 2 you do not need to complete this section.

Payments made to non-PAYE shareholder-employees in the year ending:

Payments for first week of work-injury:

Payments after the first week of work-injury reimbursed by ACC*:

* This only applies to employers with an ACC Employer Reimbursement Agreement.

Section 6 – Declaration

The information on this form is true and correct to the best of my knowledge.

I understand that providing false information is a punishable offence under the Crimes Act 1961.

I understand that I must pay any ACC invoice that I have received, and that any levy adjustments are at ACC's discretion.

I understand that ACC has a right to review my information.

I understand that information provided on this form will only be issued to fulfil the requirements of the Accident Compensation Act 2001; and that ACC complies at all times with the Privacy Act 1993 and the Health Information Privacy Code 1994.

Your name:

Your title:

Your signature:

Date:

DD

MM

YYYY

Important note:

Keep a copy of this form for your records

Please return to ► ACC Business Service Centre, P O Box 795, Wellington 6140
For assistance ► freephone 0800 222 776, email business@acc.co.nz or freefax 0800 222 003

In the collection, use and storage of information ACC will at all times comply with the obligations of the Privacy Act 1993 and the Official Information Act 1982.