Recognised care questionnaire 2026

Notes to help with this form

- If you are a parent and have care of your child for at least 103 nights a year we will take this care into account when we work out your child support
- To help you work out how many nights a child is in your care in a year you can use our online child support nights per year calculator
- More information about recognised care can be found on ird.govt.nz/childsupport or in our guide Helping you to understand recognised care IR156.

O	Your name (Tick of Your IRD number Your contact phone number(s)	(Tick one)	Mr Mrs Miss Ms First name(s)												
			Surname (8 digit numbers start in the second box. 1 2 3 4 5 6 7 8)												
		nber(s)	()	() Evening	() Mobile										
	Email			,											
	nild details ou have a parenting orde	r or care	arrangement for a child, attac	ch it to this form.											
2	First child	First name	(s)	Surname											
	IRD number (if known)		Date of birth												
	Tell us the number of nights the child is in your care and complete the calendars on pages 5 and 6. If nights are not a good reflection of the care you provide, use the space in Question 6 to tell us what is happening. Number of nights How often? (Tick one) Weekly Fortnightly Monthly Yearly														
	Provide information about the other person who cares for this child														
	Other carer	(Tick one)													
			First name(s)												
			Surname												
	Contact phone numbers	3	() Day	Evening	Mobile										
	Email														
	Date care arrangement	started	Day Month Year												

3	Second child														
		First name	e(s)		Surname										
	IRD number (if known)			Date of birth											
		_	•	•	Day Month Year calendars on pages 5 and 6. ce in Question 6 to tell us wh										
	Number of nights	F	How often? (Tick one)	Weekly	Fortnightly Monthly	Yearly									
	Provide information ab	out the	other person who car	es for this child											
	Other carer	(Tick one)	Mr Mrs	Miss	Ms										
			First name(s)												
			Surname												
	Contact phone numbers		()												
	Contact priorie numbers		Day	Evening	Mobile										
	Email														
	Date care arrangement s	started	Day Month Year	r											
4	Third child														
		First name	e(s)		Surname										
	IRD number (if known)			Date of birth	Day Month Year										
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	Number of nights		How often? (Tick one)	Weekly	Fortnightly Monthly	Yearly									
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				es for this child	Fortnightly Monthly Ms	Yearly									
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Child Support Page 2 ird.govt.nz/childsupport

5	If there is any other person who regularly provides care for the child/children you have mentioned in this form, use the space below to provide information about what these care arrangements are.
	Care Information The number of nights a person cares for a child is generally the best measure of the care they provide, however in some cases this may not be a good reflection. For example, you have daytime care of a child but no overnight care because you
	work at night. Use the space below to tell us what your care arrangements are: If using the nights of care is not a good reflection of the care you provide for a child
	If the child has a parenting order or care agreement and it is not being followed.

Applicant checklist Have you: answered all the questions on pages 1 to 3? completed both calendars on pages 5 and 6? Privacy Meeting your tax obligations means giving us accurate information so we can assess your tax and entitlements under the Acts we administer. We may charge penalties if you do not. We may also exchange information about you with: some government agencies another country, if we have an information supply agreement with them, and Statistics New Zealand (for statistical purposes only). You can ask for the personal information we hold about you. We will give the information to you and correct any errors, unless

Declaration

I declare that the information I have given in this questionnaire and on any attached calendar(s) is a true and accurate account of the care that I provide for each child. I have read the privacy statement; I am also aware that the other parent or carer(s) may request details of the information I have provided.

Signature	
Olgridiare	
	/ /
	, ,
	Date

we have a lawful reason not to. Find our full privacy policy at ird.govt.nz/privacy

Send this completed form to: Child Support, PO Box 39010, Wellington Mail Centre, Lower Hutt 5045

Care arrangement details:

- use our online calculator to help work out the number of nights you have a child in your care in a 12 month period. This can be found on our website ird.govt.nz/childsupport
- if you prefer you can complete the calendars below. Circle the nights you have or will provide care for the child/children over the next 12 month period. For example, if your care arrangement started on 1 April 2025, complete the calendars through to at least 31 March 2026.
- if the care arrangement is different for each child, you need to complete a separate calendar for each care arrangement.
- if you need another calendar, copy this page.

-																									
Completed by: (Your name))																					
For: (Name of child/ children)																									
Date care arrangement started						Т	П																		
Date care arrangement stopped/ will stop					Day	, Mo	onth	Yea	ar																
Ca	lenda	ar – 2	026 (Child	supp	ort n	ight	s per	year	(Feb	ruary	/ 2025	5 - Ja	anuar	y 20	26)									
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19 Jan

1 Dec

Wellington (2026)

Westland

24 Oct

3 Nov

King's Birthday

Matariki

2 Jun

20 Jun

Day after New Year's Day

2 Jan

Hawke's Bay

Marlborough

Completed by: (Your name)																								
For:			((Name o	of child																			
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