

child support

Confirmation of employment (EF1)

Purpose of this form



Services Australia needs you to provide information about your employee/contractor who has requested or is required to have their child support payments deducted from their salary or wages. This will help us collect your employee's/contractor's child support payment.

You are required to provide this information under section 120 of the

Child Support (Registration and Collection) Act 1988. You will not be breaching employee privacy when you supply your employee's/contractor's information to us in response to the notice.

You can provide the information requested in this form by phone. Call us on 131 272.

Please quote	
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Filling in this form

- Use black or blue pen.
- · Print in BLOCK LETTERS.
- Where you see a box like this Go to 1 skip to the question number shown.

For more information

Go to servicesaustralia.gov.au/childsupportbusiness or call us on 131 272.



Information in your language

We can translate documents you need to support this request for free.

To speak to us in your language, call 131 272.



Hearing and speech assistance

If you have a hearing or speech impairment, you can use:

- · the National Relay Service 1800 555 660, or
- our TTY service on **1800 810 586**. You need a TTY phone to use this service.

For more information about help with communication, go to **servicesaustralia.gov.au** and search 'other support and advice'.

Returning this form

Check that all required questions are answered and that the form is signed and dated.

Return this form and a copy of any supporting documents:

- **online**, if you are registered with Child Support Business Online Services.
- · by post to

Services Australia Child Support GPO Box 9815 MELBOURNE VIC 3001

by fax to 1300 309 949

You should keep a copy of this form for your records.

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Employee/contractor details		9	Date employment/contract ended (DD MM YYYY)
1	Employee's/contractor's name		
	Family name		Former employee's/contractor's bank account details
			Name of bank, building society or credit union
	First given name		
			Branch number (BSB)
	Cocond given name		Didition fluiniber (BSB)
	Second given name		
			Account number (this may not be the card number)
_			
2	Employee's/contractor's date of birth (DD MM YYYY)		Account held in the name(s) of
3	Employee's/contractor's last known address		
			Former employee's/contractor's new employer's details
			Name of new employer (if known)
	Postcode		
	<u> </u>		
4	Employee's/contractor's last known phone number		Address of new employer (if known)
	(including area code)		
			Postoodo
5	Employee's/contractor's employment status		Postcode
	Tick one only		Go to 21
	Full time employee on salary or wages Go to 11	10	Doumanta ta contractora
	Full time employee on commission only A part time or casual employee Go to 6		Payments to contractors Name of person or company the fees for services are paid to
			Thanks or person, or company and received and pane to
	A new employee beginning soon Go to 8		
	No longer an employee/contractor		
	Never an employee Go to 21		Address
	Never an employee do to 21		
6	Average total hours worked		
	per week		Postcode
	por moon		Average or actual amount paid per pay
7	Hourly rate		\$
•	•		
	\$ Go to 11		Do you deduct PAYG tax from this payment?
c	Data annulus a/autust III		No L
8	Date employee/contractor will commence work (DD MM YYYY)		Yes L
	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		Go to next question



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Pay	roll details	19	Contact details
11	Payroll/employee number (if applicable)		Work phone number (including area code)
	Pay frequency (for example, weekly, fortnightly)		Fax number (including area code)
	tay nequality (for example, needly, for any next)		
	Date of next pay (DD MM YYYY)		Email
	Date of flext pay (DD WIWI 1111)		
	This pay covers the period	20	What is the best time to contact you?
	From (DD MM YYYY)		
	To (DD MM YYYY)		
		Priv	<i>r</i> acy notice
Em	ployer details	21	You need to read this
If the following employer details are blank or incorrect, please			Privacy and your personal information
wri	ite the correct information in the blank space or attach a		Your personal information is protected by law, including the
sep	parate sheet.		<i>Privacy Act 1988</i> , and is collected by Child Support for the assessment and administration of payments and services.
12	Customer Reference Number (if known)		Your information may be used by the agency or given to other
			parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.
			You can get more information about the way in which Child
13	Australian Business Number (ABN)		Support will manage your personal information, including our privacy policy at servicesaustralia.gov.au/privacypolicy
			privacy policy at services australia.gov.au/privacypolicy
		Dec	claration
14	Tax file number	22	I declare that:
			I have the appropriate authority to sign this document
			• the information I have provided in this form is complete and
15	Name of employer		correct.
			I understand that:giving false or misleading information is a serious offence.
			Authorised representative's full name
			Tautoriosa representativo e fuir fiamo
16	Trading name of employer (if applicable)		Authorised representative's signature
			Authorised representative 3 signature
			4
17	Postal address		Date (DD MM YYYY)
	Postcode		
18	Name and title of person the notice should be addressed to		