

## ANNUAL QUESTIONNAIRE (Individual)

Insert name: .....  
Postal Address: .....

**Please Note:**

**We cannot prepare your Financial Statements unless this questionnaire is completed and signed.**

To enable us to prepare your 2019 income tax return(s), please complete any of the items listed below which are relevant to you. They cover the period 1 April 2018 to 31 March 2019.

**If you have a query when completing this questionnaire please phone us for assistance.**

Please tick Yes if the item is relevant or N/A if it is not applicable.

	Yes	N/A
<b><u>Income</u></b> 1. <u>Wages (Personal)</u>  Please note that we will have your summary of earnings from Inland Revenue relating to Wages, Superannuation, Accident Compensation, Family Support etc received during the year.		
2. <u>Interest Received</u>  Provide details of interest received on all investments and bank accounts. <b>Please ensure that all interest certificates are enclosed</b>		
3. <u>Dividends</u> i) <b>Please ensure that all dividend certificates are enclosed.</b> ii) Provide a schedule of all share investments held by you as at 31 March 2019. iii) Provide us with the details of any share investments bought or sold during the financial  <b>If you know the market value of your share investments on 1 April 2018 and on 31 March 2019 please provide these details. You can obtain this information from your investment advisor.</b>		
4. <u>Rental Income</u>  Provide details of rental income and expenditure, including statements from real estate firms if they act as your property manager. If applicable please provide a copy of the Body Corporate Maintenance Fund account Provide us with copies of any sale and purchase agreements and associated legal statements for all rental property transactions during the financial year.		
5. <u>PIE Income</u>  Please attach all annual PIE tax statement advices - we will determine whether this income needs to be included in your tax return.  NOTE: This may include investments in superannuation schemes if the scheme has elected to be a PTRE (Portfolio Tax Rate Entity).		

Please tick Yes if the item is applicable or N/A if it is not applicable.

	Yes	N/A																				
<p>6. <u>Interest in a Foreign Company or Unit Trust</u></p> <p>If you hold shares in a foreign company or unit trust please provide a list and values as at 31 March 2019 together with any dividend certificates.</p> <p>Significant changes have been made to the taxation of shares or units held in foreign companies and unit trusts. These changes mean more people will now be subject to the Foreign Investment Fund (FIF) rules. If the FIF rules apply you will no longer be taxed solely on dividends received from these entities.</p>																						
<p>7. <u>Deductible Expenses</u></p> <p>Please attach details of expenses incurred in earning income (eg commissions, loss of income insurance, interest on loans used to acquire investments etc.)</p>																						
<p>8. <u>Investment Trusts</u></p> <p>Please provide us with copies of all gift statements, deeds of acknowledgement of debt and minutes prepared by your solicitor.</p>																						
<p>9. <u>Losses from Look Through Companies</u></p> <table border="1"> <thead> <tr> <th>Company</th> <th>Shareholding</th> <th>Loss</th> </tr> </thead> <tbody> <tr><td>-----</td><td>-----</td><td>-----</td></tr> <tr><td>-----</td><td>-----</td><td>-----</td></tr> <tr><td>-----</td><td>-----</td><td>-----</td></tr> <tr><td>-----</td><td>-----</td><td>-----</td></tr> </tbody> </table>	Company	Shareholding	Loss	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----							
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<p>10. <u>Required Disclosure of Interest in a Foreign Superannuation Scheme or Life Insurance Policy</u></p> <p>i) If you held rights or an interest in any of the above foreign entities at any time during the</p> <ul style="list-style-type: none"> <li>- name of foreign company or fund</li> <li>- country of residence</li> <li>- nature of interest held (eg superannuation, insurance)</li> <li>- date that interest was acquired</li> <li>- <b>please advise us if you made a withdrawal or transfer during the year</b></li> </ul> <p>ii) In addition, please disclose interests held by relatives and persons (including your companies, partnerships and trusts) associated to you so we can determine your deemed total interest in the foreign company or fund under the international tax rules.</p>																						
<p>11. <u>Property Transactions</u></p> <p>Did you sell any properties during the period 1 May 2018 to 30 April 2019? On sale did your lawyer complete an IR833 return? Please provide a copies of any returns.</p>																						
<p>12. <u>Tax Treatment of Financial Arrangements</u></p> <p>Please provide details of any financial arrangements held by you during the year, eg Government and local body stock, commercial bills etc.</p> <table border="1"> <thead> <tr> <th>Type</th> <th>Other</th> <th>Term</th> <th>Total Value</th> </tr> </thead> <tbody> <tr><td>-----</td><td>-----</td><td>-----</td><td>-----</td></tr> <tr><td>-----</td><td>-----</td><td>-----</td><td>-----</td></tr> <tr><td>-----</td><td>-----</td><td>-----</td><td>-----</td></tr> <tr><td>-----</td><td>-----</td><td>-----</td><td>-----</td></tr> </tbody> </table>	Type	Other	Term	Total Value	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----		
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Please tick Yes if the item is applicable or N/A if it is not applicable.

	Yes	N/A																
<p><b><u>TAX REBATES (PERSONAL)</u></b></p>																		
<p>13. <u>Donations</u></p> <p>Please provide receipts for all donations made to schools, churches and charities for amounts over \$5.00.</p>																		
<p>14. <u>Working for Families Tax Credits</u></p> <p>To enable us to calculate any Working for Families Tax Credits, enter details below of all dependent children 18 years of age and under as at 1 April 2013 who do not receive a student allowance or benefit and work less than 30 hours a week and attend school or a tertiary institute. Include children born during the year.</p> <table border="1"> <thead> <tr> <th>Name of Child</th> <th>IRD Number xxx-xxx-xxx</th> <th>Date of Birth</th> <th>Date Left School</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Did you receive any Tax Credits during the year?      Y/N</p> <p>If you have married, separated or changed your family circumstances during the year please show dates and details below</p> <p> </p> <p>Child Support received/paid      \$</p> <p>Private maintenance received/paid      \$</p>	Name of Child	IRD Number xxx-xxx-xxx	Date of Birth	Date Left School														
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<p>15. <u>In Work Tax Credit (only applies if you have dependent children)</u></p> <p>As an employee or in self-employment you can get an in work tax credit if you work for at least:</p> <ul style="list-style-type: none"> <li>• 30 hours each week as a couple, or</li> <li>• 20 hours each week as a sole parent</li> <li>• Have dependent children in your care</li> </ul> <p>Please advise the following:</p> <table border="1"> <thead> <tr> <th></th> <th>PRINCIPAL CARER</th> <th>SPOUSE</th> </tr> </thead> <tbody> <tr> <td>No of hours worked per week</td> <td> </td> <td> </td> </tr> <tr> <td>No of weeks worked</td> <td> </td> <td> </td> </tr> <tr> <td>No of dependent children</td> <td> </td> <td> </td> </tr> </tbody> </table>		PRINCIPAL CARER	SPOUSE	No of hours worked per week			No of weeks worked			No of dependent children								
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<p>16. <u>Emails</u></p> <p>For our records could you please confirm your email address and if you would like to receive our newsletter via email.</p> <p>Email address      .....</p> <p>Newsletter      Yes</p> <p>                             No</p>																		
<p>17. <u>Financial Statements &amp; Tax Reports</u></p> <p>Please tell us if you would like to receive a bound copy of your financial statements and tax returns or an electronic copy?</p> <p>Bound copy</p> <p>Electronic</p>																		

18. New Zealand Anti-Money Laundering and Countering Financing of Terrorism Act 2009  
(AML/CFT)

To meet our obligations under the AML/CFT Act we are required to ask all clients to provide us with identification documents so we can confirm who you are before we are permitted to complete accountancy work on your behalf. Please provide us with either your NZ drivers licence number or NZ Passport number. If you do not have a NZ Passport or a NZ Drivers Licence you must bring your alternative photo identification and proof of address into the office for authentication.

Persons Full Name .....

Date of Birth .....

NZ Passport Number ..... Passport Expiry Date .....

NZ Drivers Licence Number ..... Licence Version .....

Persons Full Name .....

Date of Birth .....

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NZ Drivers Licence Number ..... Licence Version .....

Insert name:

### Overseas Income Questionnaire

	Yes	No
<b>1. Did you have or do you have:</b>		
an overseas current/cheque account		
an overseas call account/money market account		
an overseas fixed term deposit		
an overseas debit/credit card		
an overseas mortgage/loan		
overseas bonds/notes/other financial arrangements		
shares in a foreign company/units in a foreign unit trust		
a foreign portfolio with a portfolio manager or bank		
a foreign pension/provident/superannuation fund		
a foreign annuity		
a foreign life insurance/assurance policy		
ownership/interest in an overseas property		
holdings in gold (physical or units)		
<b>2. Did you receive or do you receive:</b>		
overseas interest		
overseas dividends		
an overseas pension/annuity (including lumpsums)		
overseas business income/self employment income/		
consultancy or contract income		
overseas rental income		
a distribution from an overseas Trust or similar entity		
(whether capital or income)		
<b>3. Did you have or do you have an interest in any off-shore entity as a:</b>		
Director, Member, Founder, Trustee, Protector, Appointer,		
Settlor or Beneficiary (vested or discretionary).		
This includes entities without separate legal personality such as		
Partnerships, Joint Ventures, Trust and Estates, and entities with		
separate legal personality, such as Foundations, Establishments (Anstalten),		
Incorporated Estates (Stiftungen), Corporations, Limited Partnerships and		
Companies		

If you have ticked 'yes' to any of the above questions please provide the relevant information including balances and statements with your annual records.

## **TERMS OF ENGAGEMENT**

I/we confirm that I/we have examined all the matters mentioned above and provided you with all the relevant details as requested. I/we hereby instruct you to prepare my/our financial statements and tax returns for which I/we acknowledge I/we will be charged on a time and cost basis, and that the terms of the engagement letter and terms of credit are confirmed as per the original Engagement letter I/we signed when we became a client. I/We also accept that you have the right to charge interest on overdue accounts at the rate of 1.50% per month, and that all accounts are due for payment by the 20th of the month following invoice date. The charging of such interest will be at your discretion. I/We accept that any collection costs you incur will be fully recoverable from me /us. You are hereby authorised to communicate with my/our bankers, solicitors, finance companies and all government agencies to obtain such information as you require in order to complete the above assignments. You are to represent me/us as my/our tax agent.

I/we accept responsibility for the accuracy and completeness of the information supplied above which is to be used in the preparation of my/our Financial Statements. You are not to complete an audit, nor do I/we wish you to undertake a detailed review of my/our affairs in order to substantiate the accuracy of my/our information and therefore you are unable to provide any assurance on my/our financial statements. I/we understand your work cannot be relied on to detect error and fraud. I/we agree to you attaching to my/our Financial Statements your Accountant's Statement explaining your responsibilities.

Signature:

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**Note:** We are required to comply with the Financial Reporting Act 1993, and the recommendations and guidelines of the Chartered Accountants Australia & New Zealand which require that this questionnaire be completed by you, and returned to us to form part of our records.

Thanking you.

Yours faithfully,

**J P GASCOIGNE**  
**(Principal)**