Brown Associates Accountants

ANNUAL INDIVIDUAL QUESTIONNAIRE

Client Name: _____

Financial Year: MM / YY Phone Number: _____

Address: _____

_____

Email Address: _____

Please complete the checklist below to determine which parts of the questionnaire you need to complete.

Only complete the section of the questionnaire if you answer 'yes' to the relevant question. It is a requirement of Inland Revenue that this questionnaire be completed in full, signed and dated by the client. This is the INDIVIDUAL questionnaire. We require this questionnaire to be completed if we prepare your personal tax return. (If you are a sole trader – please also complete a business questionnaire.)

		YES	NO	If 'Yes' complete
1.	Have you received Income from which source deductions are made (e.g. PAYE, Withholding Tax etc)?			
2.	If you are in receipt of withholding income and there are any related expenses?			A2
3.	Do you pay income protection insurance?			A3
4.	Have you received any NZ investment income?			A4
5.	Have you received any overseas income?			A5
6.	Do you or have you owned any overseas investments or superannuation?			A6
7.	Any other sources of income or losses: Companies/Partnerships/Trusts, for which we don't prepare the accounts or tax returns?			A7
8.	Have you received any rental income and/or income from boarders?			A8
9.	Is the Working for Families Tax Credit (WFTC) applicable?			A9
10.	Donations			A10

11. Tax Residency			A11
12. Next Financial Year any significant changes expected			A12
13. Did you receive any Government Subsidy or support in relation to COVID 19?			A13

AUTHORITY & DECLARATION

I accept responsibility for the accuracy and completeness of all the information supplied and undertake to review the completed return and advise of any errors or omissions within 10 days. I agree that any liability that may arise to Brown & Associates Accounting Group Ltd will be limited to three times the fee charged for preparing the return.

I hereby authorise Brown & Associates Accounting Group Ltd to prepare a tax return and any necessary financial statements from the information I have supplied, and to sign the completed tax return as a true and correct return on my behalf as agent. I do not wish Brown & Associates Accounting Group Ltd to complete an audit or review.

I consent to Brown & Associates Accounting Group Ltd obtaining all necessary information from third parties, including the Inland Revenue Department (IRD), which includes the IRD online service. I also consent to the release of information from Brown & Associates Accounting Group Ltd to the institute of Charted Accountants of New Zealand for the purpose of satisfying them that their professional standards are met.

I understand that payment of our invoice is due 20th of the following month of the date of our invoice, and late payment may be subject to interest, and Brown & Associates Accounting Group Ltd reserves the right to charge overdue fees on all accounts not paid by due date. Brown & Associates Accounting Group Ltd reserves the right to hold all information and files until all invoices are paid in full. I also personally guarantee the payment of all Brown & Associates Accounting Group Ltd invoices.

Signed: .....

Date: .....

If you require assistance to complete this Questionnaire please call us on (03) 928 0529

A2. Withholding Payments Expenses

	Enclosed	N/A
Please supply details of expenses		

A3. Income Protection Insurance Premiums

	Enclosed	N/A
Please supply a copy of the premiums paid during the twelve month period including policy number		

A4. NZ Investment Income

	Enclosed	N/A
Forward all IR15 interest certificates		
Forward all dividend statements		
Forward Annual Managed Fund Tax Statement & Portfolio Report		

A5. Overseas Income

	Enclosed	N/A
Please provide full details and schedules including dividends, interest, rental income, any other income received of an overseas origin.		

A6. Overseas Investments or Superannuation

	Enclosed	N/A
a) The tax legislation in regard to this type of investment is complex. We require details and numbers of shares owned at the beginning of the financial year, the market value at that date, shares purchased and sold during the twelve month period, details and number of shares owned at the end of the financial year and their market value at that time. It is important to identify the specific dates, the currency applicable, as the financial amounts have to be translated to New Zealand dollars		
b) Do you have an Overseas Superannuation pension/fund? If yes, then please supply details of provider, amount, & income received.		

A7. Other Sources of Income or Losses

	Enclosed	N/A
Please identify the Companies/Partnerships/Trusts for which you receive income & forward details of taxable income & any tax credits		

A8. Rental Income / Income from Boarders

	Yes	No
Was any rental property bought or sold during the year? (If yes, please provide full details, including settlement statements from your solicitor)		
Was there any change of use during the year? (e.g. rental property being used for personal use)		
Are you registered for GST?		
Is the property Residential (R) or Commercial (C)	R	C

Please provide the following information

a) Rental Income

Period Rented: From _____ To _____

Amount per Week $_____ Total Rent Received for the Year $_____

Rental Expenses	Amount
Bank Fees	$
Insurance	$
Interest	$
Lawyer Fees	$
Management Fees	$
Rates / Waters Rates	$
Repairs & Maintenance	$
Other	$
.....	$

b) Boarding Income

How many boarders do you have?	
How much do they pay per week?	$
How much did they pay you this financial year?	$

A9. Working for Families Tax Credit

They are payments for families with children 18 years or under. There are several payment types and you may qualify for one or more, depending on your personal situation.

The determinations are complex, the annual income definitions for families are wider than taxable income. Please refer to the IRD website and especially the publications FS 1, IR 201 and IR 200, note you can register online.

How much you can get depends on: How many dependent children you have. How much you and your spouse or partner earn. Your children's ages. Where your family income comes from. Any shared care arrangements. The number of hours you work each week.

	Enclosed	N/A
Please Supply**:**		
The full names of all children under 18 in your care.		
Their dates of birth		
Their IRD numbers if they have one.		
Details of any periods where the children were not in your care. Child support payments received and/or paid.		
If we do not prepare your spouse's Tax Return, please supply a copy		
Income from the following Sources		
a) Attributable Trustee income		
b) Attributable fringe benefits		
c) PIE Income		
d) Passive income of children		
e) Tax exempt salary or wages		
f) Pensions or annuities		
g) Other payments received >$5,000 per tax year		
h) Income equalisation scheme deposits		

	Yes	No
Did you work the required amount of hours: 30hrs 2 Parents / 20hrs 1 Parent		

A10. Donations Rebate

	Enclosed	N/A
Please attach receipts (originals) for charitable and school donations (including building or development levies paid to private schools)		

A11. Tax Residency

	Yes	No
Did you come to NZ during the year?		
Were you absent from NZ during the year?		

A12. Next Financial Year

	Enclosed	N/A
Do you expect there to be any changes to your income or expenses during the next financial year that could significantly affect your tax liability?		

A13. Government Subsidies & Support

Please provide details of any Government Subsidies, Resurgence or Small Business Loans received:	Enclosed	N/A
Covid Support Payment		
Covid Leave Support		
Resurgence Support Payment		
Small Business Loan		

Thank you. Your time and effort in completing this form is much appreciated & will assist us in turning the job round in a timely fashion.