

**ANNUAL CLIENT QUESTIONNAIRE - Individual**

Name: _____	
Phone Number: _____	Year End: _____
Email Address: _____	Date of Birth: _____

**Instructions:**

 Please tick all sections either **YES** or **NO**.

**Important:** Where you tick **YES** please provide all **relevant documents**.

 When you have completed the questionnaire please **sign and date** the last page as well.

<b>1. Income</b>	<b>YES</b>	<b>NO</b>
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Have you received income from the following sources?

If yes please provide documentation

Salary/Wages (we can obtain these details from IRD on your behalf)	<input type="checkbox"/>	<input type="checkbox"/>
Interest (received from savings accounts, term deposits, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Dividends	<input type="checkbox"/>	<input type="checkbox"/>
Income earned from overseas sources	<input type="checkbox"/>	<input type="checkbox"/>

<b>2. Other Income</b>	<b>YES</b>	<b>NO</b>
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Have you received income from any of the following?

If so please provide details

Partnerships	<input type="checkbox"/>	<input type="checkbox"/>
Trusts	<input type="checkbox"/>	<input type="checkbox"/>
Shareholder Salaries	<input type="checkbox"/>	<input type="checkbox"/>
LTC losses	<input type="checkbox"/>	<input type="checkbox"/>
Other (please provide details)	<input type="checkbox"/>	<input type="checkbox"/>

<b>3. Donations Rebate</b>	<b>YES</b>	<b>NO</b>
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Have you made any donations throughout the year?	<input type="checkbox"/>	<input type="checkbox"/>
If so please provide copies of receipts		

<b>4. Student Loan?</b>	<b>YES</b>	<b>NO</b>
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Do you have a student loan?

<b>5. Working for Families</b>	<b>YES</b>	<b>NO</b>
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To calculate your entitlement to Working for Families please answer the following:

Have you received Working for Families payments during the year?

	You	Partner	
Please state how many hours per week worked on average	_____	_____	
Number of weeks worked	_____	_____	

Have your circumstances changed during the year?  
 If so please detail below

Child Name:	Date of birth:	IRD no:	Came into your care:	Left your care:	Left School:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have your partners details changed?

Do you pay or receive any child support payments?

Did your household receive any amounts during the year, used to help with household expenses? If yes, please comment

\_\_\_\_\_  
 \_\_\_\_\_

<b>6. Other</b>
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Is there any other information you think we should know when preparing your tax return?  
 If so, please comment.

\_\_\_\_\_  
 \_\_\_\_\_

Entity Name: \_\_\_\_\_

Year End: \_\_\_\_\_

## 7. Declaration

- a) I confirm that I have provided you with all the relevant information for the preparation of my financial statements and tax returns. I understand that the financial statements are intended for my use only and should not be relied on for any other purpose.
- b) I accept responsibility for the accuracy and completeness of the information supplied. You are not to complete an audit, nor do I wish you to undertake a detailed review of my affairs in order to substantiate the accuracy of my information and therefore you are unable to provide any assurance around my financial statements. I understand your work cannot be relied on to detect error and fraud and that you accept no liability for any losses, claims, and demands by any third party.
- c) I accept responsibility for any failure by me to supply all relevant records and information to you for the preparation of the financial statements. I understand that the onus for tax liability ultimately rests with me and that I am accountable for meeting my tax liabilities.
- d) I accept your fees are normally based on hours worked, charged at rates appropriate to the work performed and the levels of expertise required. All other terms and conditions of this engagement are the same as those referred to in the original Engagement Letter I signed when I became a client.
- e) I also accept that you have the right to charge interest on overdue accounts at the rate of 1.5% 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 accept that any collection costs you incur will be fully recoverable from me.
- f) You are hereby authorised to communicate with my bankers, solicitors, finance companies and all government agencies to obtain such information as you require in order to obtain such information as you require in order to complete the above assignments.
- g) I accept that it is my responsibility to advise you of all relevant transactions on a timely basis as well as retain valid tax invoices that comply with the GST legislation.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for completing this questionnaire. Your time is much appreciated.