

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.

1. Income	YES	NO
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Have you received income from the following sources?

If yes, please provide documentation (including RWT certificates, dividend advice, etc)

Salary/Wages (we can obtain these details from IRD on your behalf) Interest	<input type="checkbox"/>	<input type="checkbox"/>
(received from savings accounts, term deposits, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Dividends	<input type="checkbox"/>	<input type="checkbox"/>
Overseas income (offshore rental, distributions from foreign trusts, etc)	<input type="checkbox"/>	<input type="checkbox"/>

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

If yes, 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 (extra space is provided on page 2)	<input type="checkbox"/>	<input type="checkbox"/>

3. Donations Rebate	YES	NO
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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		

4. Student Loan?	YES	NO
Do you have a student loan?	<input type="checkbox"/>	<input type="checkbox"/>

5. Working for Families	YES	NO
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Do we need to consider your entitlement to Working for Families?	<input type="checkbox"/>	<input type="checkbox"/>
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Have you received Working for Families payments during the year?	<input type="checkbox"/>	<input type="checkbox"/>		
<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">You</td> <td style="width: 50%; text-align: center;">Partner</td> </tr> </table>	You	Partner		
You	Partner			

Please state how many hours per week worked on average	_____	_____
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Number of weeks worked	_____	_____
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Have your circumstances changed during the year? If so please detail below	<input type="checkbox"/>	<input type="checkbox"/>
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Child Name:	Date of birth:	IRD no:	Came into your care:	Left your care:	Left School:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have your partners details changed?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you have shared custody of your children?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you pay or receive any child support payments?	<input type="checkbox"/>	<input type="checkbox"/>
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Did your household receive any regular amounts during the year, used to help with household expenses? If yes, please detail.	<input type="checkbox"/>	<input type="checkbox"/>

6. Other

Is there any other information you think we should know when preparing your tax return? If so, please comment:

Taxpayer 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.