

Client Name

Balance Date

31 March 2024

## Individual Questionnaire

Please complete this questionnaire, sign over the page and return with your records.

Information we need	Y\N\n/a	Comment																
<p><b>Wages/National Superannuation/Benefits</b></p> <p>In most cases IRD will have sent us these details direct, however we do need to check all details have been included</p>																		
<p><b>Covid</b></p> <p>Did you receive any kind of wage subsidy, loan or payment related to Covid.</p>																		
<p><b>Student Loan</b></p> <p>Do you have a student loan</p>																		
<p><b>Interest and Dividends</b></p> <p>Certificate and Dividend Statements</p>																		
<p><b>Partnerships, Trusts, Estates and Companies</b></p> <p>Please supply details of income received (if we do not complete the tax returns for these entities)</p>																		
<p><b>Overseas Income – interest, dividends, wages received.</b></p> <p>If Yes, please provide details of the value and quantity of the investments held at any time during the financial year. Please provide the date, value and details of any purchases, sales and income (dividends).</p> <p>Please attach all your investments advisor’s reports. This information is required so we can calculate if any income needs to be declared under the FIF (Foreign Investment Fund) rules.</p>																		
<p><b>Foreign Superannuation Payments</b></p> <p>Attach details of any foreign superannuation payments you have received.</p>																		
<p><b>Any Other Income</b></p> <p>Attach details:</p> <ul style="list-style-type: none"> <li>▪ Income Replacement Insurance Policy – provide details of premiums and claims.</li> <li>▪ Look Through Company – if you have been allocated a share of profit/loss other than from a company that we are aware of, please provide details.</li> </ul>																		
<p><b>Working for Families Tax Credits and Parental Tax Credits</b></p> <p>Please complete for all your children:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%; text-align: left;">Child’s Name</th> <th style="width: 15%; text-align: left;">IRD No.</th> <th style="width: 15%; text-align: left;">Date of Birth</th> <th style="width: 25%; text-align: left;">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>			Child’s Name	IRD No.	Date of Birth	Date left School	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____															
_____	_____	_____	_____															
_____	_____	_____	_____															
<p><b>Also Please provide:</b></p> <ul style="list-style-type: none"> <li>▪ Any child support or maintenance payments made or received</li> <li>▪ Other payments received by family members exceeding \$5,000</li> <li>▪ Any income received by your children</li> <li>▪ Income/Drawings received from a Trust, including any school fees paid by the Trust</li> <li>▪ Any other monies received e.g. loans/gifts from family Companies or Trusts</li> </ul>																		
<p><b>Donations Tax Rebates</b></p> <p>Have you any rebates to claim? If so, please attach receipts.</p>																		

**Bank details** so Tax Refund may be direct credited to your bank account.

**Name of Bank Account:-  
and Account Number:-**

Expenses	Total Expenses	Details Attached
Fee paid for preparation of your return and financial statements.	\$	
Expenses relating to the monitoring of a financial/investment plan.	\$	
Other expenses.	\$	
* Continue on separate sheet if necessary.		

To: **Southey Sayer Limited** From:  (Client Name)

### Terms of Engagement

I hereby instruct you to prepare my Taxation Returns for year/period ending **31 March 2024**. I undertake to supply all information necessary to carry out such services and will be responsible for the accuracy and completeness of such information.

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 carry out the above assignments.

I also accept that Southey Sayer Limited has the right to charge interest on overdue accounts at the rate of 1% per month, and that all accounts are due for payment 21 days following invoice date. The charging of such interest will be at the discretion of Southey Sayer Limited. I accept that any collection costs incurred by Southey Sayer Limited will be fully recoverable from me.

If I have also instructed you to prepare our GST/PAYE/FBT Returns or prepare wages on a regular basis. I accept that it is my responsibility to advise you of all relevant transactions on a timely basis as well as obtain valid tax invoices that comply with the GST legislation.

You are to represent me as my tax agent. All income tax returns will be signed by me however you are authorised to sign any other taxation return on behalf of myself and any of my associated entities.

### **Please note: - Privacy and AML Due Diligence Requirement**

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 (include creditors, insurance providers)

I give permission to Southey Sayer to contact any or all the following organisations on my/our behalf: <b>Please add the name or organisation below:</b>	
Bank(s) <b>Please confirm bank(s):</b>	
Inland Revenue – IRD Number	
Accident Compensation Corporation	
Business and/or Farm Advisor	
Lawyer	
Other businesses – e.g. PGG Wrightson, Farmlands, Ravensdown, Balance and Farm Source	
Please confirm the details to the right are correct	Work phone
	Home phone
	Mobile
	Email
Convenient time to call you is:	
Alternative phone numbers are:	
Would you like us to supply a copy to your bank? If your accounts are to be supplied to your bank, please advise the name of your current bank manager:	Yes <input type="checkbox"/> No <input type="checkbox"/> (Tick One)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Thank you for completing this questionnaire.

**We must have client questionnaires signed before we can start your year-end accounting work.**