

ANNUAL CLIENT QUESTIONNAIRE – Individual

Name: _____

IRD Number: _____ Year End: _____

Phone Number: _____

Email Address: _____ Date of Birth: _____

INSTRUCTIONS:

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

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

Please note we welcome and encourage you to email all appropriate information to us at LarissaV@lold.co.nz

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

If you are self-employed or own Rental Property personally please complete the Trading Entity Questionnaire.

If your contact details have changed in the last 12 months, please tick if applicable and provide details

1. Income <i>(Please provide copies of relevant documents)</i>	YES	NO
Salary/Wages (we can obtain these details from IRD on your behalf) -----		
Interest <i>(received from savings accounts, term deposits, etc)</i> -----		
Dividends -----		
Income earned from overseas sources -----		
2. Expenses <i>(Please provide copies of relevant documents)</i>	YES	NO
Income Protection Insurance <i>(Please provide copy of policy and/including confirmation of premiums)</i> -----		
Investment Expenses <i>(expenses incurred as a result of personal investment activity but not captured elsewhere e.g. business mentors, share monitoring etc)</i> -----		
3. Other Income <i>(Please provide copies of relevant documents)</i>	YES	NO
Partnerships -----		
Trusts -----		
Shareholder salaries -----		
LTC losses -----		
Other (please provide details) -----		
4. Donations Rebate	YES	NO
Please provide copies of receipts -----		

5. Student Loan YES NO

Do you have a student loan?

Have you made any voluntary payments during the year?

6. Working for Families YES NO

Would you like us to estimate your Working for Families Tax Credits?

To calculate your entitlement to Working for Families please answer the following:

Have you received Working for Families payments during the year?

Please state how many hours per (You) _____ (Spouse) _____ week worked on average

Number of weeks worked (You) _____ (Spouse) _____

Spouse name: _____ Date of Birth: _____ IRD no: _____

Child name: _____ Date of Birth: _____ IRD no: _____

Child name: _____ Date of Birth: _____ IRD no: _____

Child name: _____ Date of Birth: _____ IRD no: _____

Child name: _____ Date of Birth: _____ IRD no: _____

Child name: _____ Date of Birth: _____ IRD no: _____

Have any children come into your care? Have you received paid parental leave? Please provide details:

Have any children left your care? Please provide details:

Do you pay or receive any child support payments?

7. Other YES NO

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

8. 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 hereby instruct you to prepare any Financial Statements and tax returns on a special purpose-reporting basis to comply with the requirements of the Income Tax Act. I understand that the Financial Statements should not be relied on for any other purpose and as a result may not comply with Generally Accepted Accounting Principles.
- (b) I accept responsibility for the accuracy and completeness of the information supplied above. 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 of 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 also accept responsibility for all other records and information supplied to you other than those listed below. I accept accountability 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 should be accountable for meeting my tax liabilities.
- (d) You are authorised to contact banks and/or relevant parties to obtain missing information. Naturally, I will reimburse your firm for any incidental cost in doing so.
- (e) I acknowledge your invoice is due for payment upon receipt unless prior arrangements have been agreed upon beforehand. I understand interest may be charged on overdue accounts.

Name: _____ Director / Trustee / Individual (Tick one)

Signed: _____

Date: _____

Your time and effort in completing this form is much appreciated by the team at Lockhart O'Shea Ltd.

9 Galatos Street, Newton, 1010.

P O Box 5353, Wellesley Street, Auckland 1141, New Zealand

Phone: (09) 373 4383

Email: LarissaV@loltd.co.nz