



Personal Questionnaire for the year ended/...../.....

To enable us to prepare the annual financial statements for the following parties we need you to complete this questionnaire, sign where indicated and return it to our office along with supporting documents.

Privacy Act authorisation:

- ✓ I/We give you full authority to contact any organisation, via telephone, writing or Internet access, including banks, solicitors, the Inland Revenue Department (IRD), the Accident Compensation Authority (ACC) and all other government agencies for the purposes of obtaining information necessary to complete the Financial Statements/Tax return(s). I/We acknowledge that this information would not otherwise be available due to the Privacy Act restrictions but I/we give full authority for this statement to be used as written confirmation of my/our agreement to your obtaining from any organisation for the above mentioned purposes.
- ✓ I/We give you full authority to access and change information from the IRD for all tax types, this may be via telephone, in writing, Internet access or info express.
- ✓ I/We give you full authority to access and change information from the ACC through ACC Online and/or directly with ACC staff.
- ✓ I/We further authorise PKF Bredin McCormack Rewcastle Ltd to furnish to any third party, financial information of mine/ours as PKF Bredin McCormack Rewcastle Ltd sees fit that is requested in furtherance of our business activities.
- ✓ These terms are agreed upon in conjunction with the signed engagement letter.

Please list all individuals covered by this authority (including any children we prepare returns for).

Name: _____ Signed by: _____

Name: _____ Signed by: _____

Do we have your latest details? Yes (tick) ☐ or if any changes please fill out below:

Postal Address: _____

Physical Address: _____

Phone #: _____ Fax #: _____

Mobile #: _____ Email Address: _____

Bank A/c #: _____ Email (For Invoices): _____
(if Different)

Additional Info:

- ☐ Tick if you would like to receive future client questionnaires electronically
- ☐ Tick if you would like to receive email updates/newsletters from PKF Bredin McCormack Rewcastle Ltd
- ☐ Tick if you would like us to supply a copy of your financial statements to your bank

Name of Bank _____ Branch _____

Contact Person _____ Email address _____

Please complete with information we need for your Personal Income Tax Return

Information to send :

- | | | |
|--|--|---|
| 1. Did you receive interest or dividends? | No <input type="checkbox"/> Yes <input type="checkbox"/> | End of year interest / dividend statements |
| 2. Are you a shareholder or a director of a company that we do not act for? | No <input type="checkbox"/> Yes <input type="checkbox"/> | Name and contact details for the accountant preparing financial statements for each other entity |
| 3. Do you receive income from an Estate, Trust, Partnership or Business that we do not act for? | No <input type="checkbox"/> Yes <input type="checkbox"/> | Name and contact details for the accountant preparing financial statements for each other entity |
| 4. Do you receive rental income? | No <input type="checkbox"/> Yes <input type="checkbox"/> | Complete a Rental Supplement
Complete Table A with home office details |
| 5. Do you have a student loan? | No <input type="checkbox"/> Yes <input type="checkbox"/> | |
| 6. Do you use the services of a portfolio advisor? | No <input type="checkbox"/> Yes <input type="checkbox"/> | Portfolio advisor annual statements |
| 7. Do you have investments in PIEs?
(Portfolio Investment Entities)? | No <input type="checkbox"/> Yes <input type="checkbox"/> | PIE end of year advice slips |
| 8. Do you have any overseas investments?
(Shares, foreign superannuation funds, overseas unit trusts, life insurance policies or pension funds) | No <input type="checkbox"/> Yes <input type="checkbox"/> | Provide details of:
Investment name, Country of origin,
Type of investment, cost price and
market value at balance date
Details of any sales / purchases for the year
Investment broker statements |
| 9. Have you received a lump sum payment or transferred your overseas pension/superannuation scheme to New Zealand since 1 January 2000? | No <input type="checkbox"/> Yes <input type="checkbox"/> | Documentation required:
Dates and amounts of any funds withdrawn from your pension/superannuation scheme |
| 10. Did you receive any other overseas income?
(Interest, dividends, salary or wages, self employment) | No <input type="checkbox"/> Yes <input type="checkbox"/> | End of year interest statements
Dividend statements
Details and documentation for any other income received |
| 11. Did you receive any income from the following sources?
Sale of land and buildings
Sale of NZ shares, bonds or other investments
Employee share option program
Share options
Any other income (e.g. Royalties) | No <input type="checkbox"/> Yes <input type="checkbox"/> | Details and documentation for any other income received |

12. Did you incur any expenses relating to earning your income?

☐ ☐

Confirmation of any premiums paid for income protection insurance.
Details and invoices for other expenses, including interest paid.

13. Did you make any donations during the year?

No Yes
☐ ☐

Donation receipts/School Donations

14. If you are due a tax refund would you like this paid to your bank account?

No Yes
☐ ☐

If Yes - Please Provide bank account details

Bank A/c Number:

15. Eligibility for Working for Family Tax Credits (family assistance)

No Yes
☐ ☐

Please complete Table B

16. Any other relevant information that may be helpful to us

Table A - Home office/Workshop expenses

(only applicable if answered "yes" to question 4 above)

The annual total expense of:

Insurance

Interest (on mortgage)

Power and gas

Rates and water rates

Repairs and maintenance

Rent (if property is not owned)

Personal Telephone & Internet charges

Annual telephone rental

Annual internet charges

Business related toll calls

or Business Use _____%

If you have not previously supplied these details or there have been any changes in the past year, please provide the following information.

Total floor area of the house

Total floor area used for business purposes

Table B - Working for Families Tax Credits

Details of any children aged 15 or under, or any children aged 15-18 that are still at school

	Name	Date of Birth	IRD Number
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			

Do any of the following apply, if so please provide details:

	No	Yes
Do you have a spouse/partner for whom we do not prepare accounts for?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your partner receive any child support/family assistance payments during the period?	<input type="checkbox"/>	<input type="checkbox"/>
Has there been any change in family circumstances? (i.e. Married, separated)	<input type="checkbox"/>	<input type="checkbox"/>
Did you share custody of your child(ren) with anyone other than your partner?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your partner pay or receive maintenance to/from another person during the year?	<input type="checkbox"/>	<input type="checkbox"/>
For any week during the year did you work 20 hours or more if single, or combined with your spouse/partner 30 hours or more?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your partner a settlor of an income earning trust, for which we do not act?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your partner a shareholder in a close company for which we do not act?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your partner receive any attributable Fringe Benefits as a shareholder employee from a company for which we do not prepare the accounts?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your partner's company/trust make an Income Equalisation Scheme deposit?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your partner receive any annuity from a life insurance policy or pension from a superannuation fund (excluding NZ Super) during the period?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your partner receive any other payments whose total amount for the period exceeds \$5,000 that were used to meet the family's day to day expenses?	<input type="checkbox"/>	<input type="checkbox"/>
Did your child(ren) receive any income totalling more than \$500 from interest, dividends, PIE distributions, Trust distributions, or any other passive income?	<input type="checkbox"/>	<input type="checkbox"/>