

Personal Questionnaire



Tax Year 1 April to 31 March

Name:

Balance Date:

Daytime Contact Ph:

Home Ph:

Email:

Mobile:

ACKNOWLEDGEMENT BY CLIENT

I accept responsibility for the accuracy and completeness of the information supplied below which is to be used in the preparation of my/our income tax returns.

Authorisation to Obtain Information Subject to the Privacy Act

I authorise Kendons Chartered Accountants Ltd to obtain such further information as required to complete this engagement from the appropriate bankers, solicitors, finance companies, share registries, Inland Revenue Department and other persons or organisations.

Client's Signature:

Date:

1. Summary of Earnings / Personal Tax Summary (IR544/537 or 538)

The IRD usually forwards these documents to us as your agent. If you have received any of these forms, please include them with your records.

2. Did you receive income from any of the following:

	<u>YOU</u>	<u>YOUR SPOUSE</u>
a) Salaries / Wages	YES / NO	YES / NO
b) National Super	YES / NO	YES / NO
c) Redundancy Payment / Retiring Allowance	YES / NO	YES / NO
d) Family Support	YES / NO	YES / NO

3. Interest and Dividends received including Exempt Distributions

From both NZ and overseas - Please provide advice slips.	YES / NO	YES / NO
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4. Investments

- a) Did you acquire or purchase any new shares? YES / NO
- b) Did you sell any shares? YES / NO
- c) Have any deposits matured? YES / NO
- d) Did you reinvest or make new investments? YES / NO

If you answered YES to any of these questions, please provide details

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Please also complete the schedule below providing details of all investments in overseas companies.

We will determine the market values if you do not know them.

Overseas Investments

Name of Company	Country	No. of Shares	Cost \$NZ	Date of Purchase	Last Year \$NZ Market Value	This Year \$NZ Market Value

5. Income From Other Sources

- Rental Property YES / NO
(If yes, complete Rental Property or Rental Company questionnaire attached or request one from us)
- Estate/Trust/Partnership YES / NO
- Other _____ YES / NO
Please supply details
- Sole trader / Contractor business YES / NO

6. Loss From LTC / Partnership

YES / NO

Details

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7. Income Protection Insurance

YES / NO

If you pay income protection insurance please supply details on premiums paid during the year.

8. Dependent Children (for Family Assistance)

Name	Date of Birth	Date left School	IRD No.
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9. Rebates

If you would like us to prepare your rebate for donations, please attach all receipts.

Please also attach a deposit slip of the bank account you wish the rebate to be deposited into.

For Office Use Only

Date Recieved:

Received by: