

PERSONAL

2019 ANNUAL QUESTIONNAIRES

Annual questionnaires are important because they provide us with the essential information we need to complete your financial accounts and ensure that all your tax obligations are met. This process also allows us to gain a better understanding of your financial affairs and insight into how this could be improved to help your business succeed and grow.

Please take the time to complete the questionnaire(s) that apply to you. You may be required to complete more than one type of questionnaire depending on the entities that are applicable to you. (i.e. Business and Rental Investment)

If you are unsure of the questionnaire that applies to you, or how many questionnaire you are required to complete please contact us on 09 985 2000 to discuss.

Once you have completed and signed the questionnaire(s), please return a copy and any supporting information by email to your accountant or:

Posted to:

PO Box 55 088 Eastridge

Mission Bay

Auckland 1010

bizsolutions_

CHARTERED
ACCOUNTANTS



P O Box 55 088 Mission Bay, Auckland 1146. Level 1, 46 Stanley Street, Parnell, Auckland 1010.
t: +64 9 985 2000 f: +64 9 985 2001 email: info@bizsolutions.co.nz web: www.bizsolutions.co.nz

Name: _____

Please provide the following information for period 1 April 2018 to 31 March 2019:

	Tick or N/A
Income	
1. Income with tax deducted Wages/Salaries summary/Payslips; superannuation	<input type="checkbox"/>
2. Income from schedular payments	<input type="checkbox"/>
3. Interest income Resident withholding tax certificates	<input type="checkbox"/>
4. Dividend income Dividend statements showing gross dividend received, imputation credits and withholding tax payments	<input type="checkbox"/>
5. Overseas income Details of overseas income and tax paid or deducted on your behalf	<input type="checkbox"/>
6. Self-employment income Details of income and expenses relating to service rendered	<input type="checkbox"/>
7. Rental income Details of income and expenses from rental property	<input type="checkbox"/>
8. Estate and/or Trust income IRD number of the estate and/or trust and if any tax paid	<input type="checkbox"/>
9. Partnership income Details of your share of income/losses or any tax credits	<input type="checkbox"/>
10. Shareholder-employee salary	<input type="checkbox"/>
11. Other income E.g. Royalties, directors fees	<input type="checkbox"/>
12. Income/Loss from LTC (Look-through Companies)	<input type="checkbox"/>
Expenses	
13. Income Protection / Disability Insurance	<input type="checkbox"/>
14. Accountancy Fees	<input type="checkbox"/>

Rebates

15. Child

Please tick if you attended school. If you left school during the year what date did you leave?

____/____/____

16. Working for Families Tax Credit (Depends on family income and number of children)

Give names, birth dates and birth certificates or IRD numbers of the children

	Name	DOB	IRD number
Spouse	_____	_____	_____
Child 1	_____	_____	_____
Child 2	_____	_____	_____
Child 3	_____	_____	_____
Child 4	_____	_____	_____

Spouse's Taxable Income

\$_____

Spouse's IRD number if not our existing client

17. Rebate Claim Forms -IR526

If you would like us to file this form on your behalf please forward the necessary information with the form.

- **Donations - please provide receipts**

DECLARATION

I accept responsibility for all records and information supplied to you for the purpose of preparing my Income Tax Return. I accept responsibility for any failure by me to supply all relevant records and information to you.

Client's signature: _____