

PERSONAL

2022 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 Personal)

If you are unsure of the questionnaire that applies to you, or how many questionnaires 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@bizsolu8ons.co.nz web: www.bizsolu8ons.co.nz

Name: _____

Please provide the following information for period 1 April 2021 to 31 March 2022:

Tick or N/A

Income

- 1. Income with tax deducted**
Wages/Salaries summary/Payslips; superannuation
- 2. Income from schedular payments**
- 3. Interest income**
Resident withholding tax certificates
- 4. Dividend income**
Dividend statements showing gross dividend received, imputation credits and withholding tax payments
- 5. Overseas income including overseas rental & pension**
Details of overseas income and tax paid or deducted on your behalf
- 6. Self-employment income**
Details of income and expenses relating to service rendered
- 7. Rental income**
Details of income and expenses from rental property
- 8. Estate and/or Trust income**
IRD number of the estate and/or trust and if any tax paid
- 9. Partnership income**
Details of your share of income/losses or any tax credits
- 10. Shareholder-employee salary**
- 11. Other income**
E.g. Royalties, directors fees
- 12. Income from Investments or trading in Shares including overseas shares (please send us a copy of investment summary report if you have a full custodial investment portfolio)**

Expenses

- 13. Income Protection / Disability Insurance**
- 14. Accountancy Fees**

Others

15. Child
Please tick if you attended school. If you left school during the year, what date did you leave?
_____/_____/_____

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
Child 1	_____	_____	_____
Child 2	_____	_____	_____
Child 3	_____	_____	_____
Child 4	_____	_____	_____

Spouse's Taxable Income \$ _____
Spouse's IRD number if not our existing client _____

16. Student Loan (please tick the box if you have outstanding student loan balance)

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

Would you prefer:

A PDF copy of your accounts sent by email

DECLARATION

for the accuracy and completeness of the information supplied in this questionnaire which is to be used in the calculation of my income from my property rental activities. You are not to complete an audit, nor do I wish to undertake a detailed review of my affairs in order to substantiate the accuracy of my information, and therefore you are notasked to provide any assurance on my financial statement. I understand your work can not be relied on to detect error andfraud and that you accept no liability for the accuracy and completeness of the information supplied by me. I further understand that the financial statements will be prepared at my request and for my purposes only and that you will not be liable for any losses, claims or demands by any third person. I also accept responsibility for all other records and information supplied to you other than those listed above. I accept responsibility for any failure by me to supply all relevant records and information to you.

Client's signature:
