

End-of-Year Checklist for Trading Businesses for the year ended 31 March 2025

To ensure compliance with New Zealand's reporting standards and taxation law, please use the checklist below to gather the necessary information and documents for preparing your year-end financial statements.

1. General Information & Accounting System

Entity Details		
Name of the entity		
Your main point of contact at Biz Solutions		
For the financial year ended	31 March 2025	

General		
Please, add the nature of your business activity		
Was the nature of business activity changed during the year?	Yes O	No O
Was there any change in directors or shareholders during the year?	Yes O	No O
Was the registered office changed during the year?	Yes O	No O
Did the entity carry out more than one business activity?	Yes 🔾	No O
Was your business operation ceased during the year?	Yes O	No O
Was your entity registered for GST?	Yes O	No O
Was your entity registered as an employer?	Yes O	No O

Accounting Records & Data (if with Xero)		
Do you use Xero to record invoices & bills?	Yes O	No O
Is bank feed set up in Xero for all business banks?	Yes O	No O
Do you use your personal accounts or other means for business?	Yes O	No O
(If yes, please enclose your personal bank statements for the year)		
Do you use Xero to prepare & file payroll?	Yes O	No O
Do you use Xero to record/track inventories?	Yes O	No O
Do you use Xero to record/track fixed assets?	Yes O	No O
Do you use Xero to prepare & file GST return?	Yes O	No O
Was there any cash transaction during the year?	Yes O	No O
(If yes, please provide us with details)		

Accounting Records & Data (if with other software)		
What accounting software do you use for business transactions?		
Does Biz Solutions have an access to your accounting software?	Yes O	No O
(If no, please grant an access to info@bizsolutions.co.nz with a manag	e user or adm	nin access)
Is bank feed set up with your accounting software?	Yes 🔾	No O
(if no, please send us business bank statements)		
Do you use your software to prepare & file payroll?	Yes 🔾	No O
Do you use your software to prepare & file GST return?	Yes O	No O
Do you use your software to record/track fixed assets?	Yes 🔾	No O
Do you use your software to record/track inventories?	Yes O	No O
Was there any cash transaction during the year?	Yes 🔾	No O
(If yes, please provide us with details)		



2. Assets & Liabilities

Accounting Records & Data (if not using Xero or any other software)		
Please enclose bank statements, or any other relevant information for	business tra	nsactions.
Do you use your personal accounts for business transactions?	Yes O	No O
(If yes, please enclose your personal bank statements for the year)		
Was there any cash transaction during the year?	Yes 🔾	No O
(If yes, please provide us with details)		

Stock on Hand			
Did you hold stock greater than \$10,000 (GST excl) at balance date?	Yes	0	No O
(if yes, please specify the value at balance date)	\$		
Was there any stock obsolete or discarded during the year?		0	No O
(if yes, please specify the value at balance date)	\$		
Was there any stock taken for personal use during the year?		0	No O
(if yes, please specify total value of goods taken for personal use)	\$		

Work in Progress		
Was there any work started, but not completed by balance date?	Yes O	No O
(if yes, please specify the value at balance date)		

Type of Asset (model, name, brand)	Cost Price (\$) (GST excl)	Date Purchase	

^{*}Please only list asset that is greater than \$1,000 cost price excluding GST

Asset Disposal – Complete this section if there was asset disposed during the year				
Type of Asset (model, name, brand)	Sale Price (\$) (GST excl)	Date Disposed	Scrapped or discarded? (Y/N)	
*Please only list asset that was previous	usly canitalised		•	



Accounts Receivable		
Do you have a record of accounts receivable at balance date?	Yes 🔾	No O
(if yes, please send us a copy of your record if not available in Xero or other software)		
If no, was there any amount owing to you at balance date?	Yes O	No O
(if yes, please specify GST inclusive value of amounts owed to you)	\$	
Was there debtor that was or should be written off at balance date?	Yes O	No O

Accounts Payable		
Do you have a record of accounts payable at balance date?	Yes O	No O
(if yes, please send us a copy of your record if not available in Xero or other software)		
If no, was there any amount owed by you at balance date?	Yes O	No O
(if yes, please specify GST inclusive value of amounts owed by you)	\$	
Was there creditor that is in dispute at balance date?	Yes O	No O

Cash on Hand		
Please specify amount of cash on hand at balance date		
Were there any cash sales not banked at balance date?	Yes O	No O
(if yes, please specify amount of cash sales not banked)	\$	

Prepayment		
Were there amounts paid that have not been used at balance date?	Yes O	No O
(if yes, please specify amount of cost paid, but not used)	\$	
(If yes, please specify the nature of cost paid)		

Bank Account

Please enclose bank statement confirming the closing balance at balance date for all accounts Please enclose credit card statement confirming the closing balance at balance date (if any) Please enclose trading card statement confirming the closing balance at balance date (if any)

Investment – Complete this section if there was investment held by entity at balance date			
Type of Investment (Share, term deposit, unit trust, bond, crypto asset, gold etc)	Cost Price (\$)	Date Purchased	Market Value at balance date (\$) (if known)
*Please enclose copies of statement of	onfirming the clo	sing balance at balan	ce date

Loan & Borrowings – Complete this section if there was loan held by entity at balance date			
Type of Loan (term loan, hire	Bank	Closing Balance (\$)	
purchase, overdraft)	(finance institution)		
*Please enclose conies of statement of	onfirming the closing halan	re at halance date	



3. Income & Expenses

Passive Income – Complete this section if there was any passive income earned by entity			
Type of income (interest, dividend,	Total Income	Payer	
royalties, overseas income)	for the year		
	(\$)		
*Please don't include any PIE income or interest income already available from MyIR			
*Please enclose copies of dividend statement if any was received during the year			
*Please enclose copies of overseas income statement or tax return if any was received			

Home Office – Complete this section if you used a portion of your home for business use		
Address of your home office		
Total floor area (M2)		
Total business storage area (M2)		
Total business office area (M2)		
Total rents paid	\$	
Total mortgage interest paid*	\$	
Total rates paid	\$	
Total utility bills paid	\$	
Total telephone & internet bills paid	\$	
Total water rates paid	\$	
Total building or house insurance paid	\$	
Total body corporate levies paid	\$	

Motor Vehicle Expenses		
Was the motor vehicle available for personal use?	Yes	No O
(If yes, did you complete a log book for more than 3 months)	Yes O	No O
(if no, what is your estimated % for personal use during the year		%
(If yes, please enclose a copy of your logbook)		

Fringe Benefit		
Did you provide any non-monetary benefit to your employee?	Yes O	No O
(if yes, did you prepare and file FBT returns during the year?)	Yes O	No O
(if yes, but you did not file FBT returns, your advisor will contact you for more details)		

Legal Expenses – please complete this section if there was any legal expense during the year		
Lawyer (Solicitor)	Cost (\$)	Purpose
*Please enclose copies of invoice for e	ach legal expens	e



4. Going Concern & Other Information

Ability to Continue Operating		
Are you currently struggling to meet working capital requirements?	Yes 🔾	No 🔾
Are you currently operating at loss?	Yes 🔾	No O
Do you expect your profitability to improve for the next two years?	Yes 🔾	No O
Do you intend to cease business operation in the next two years?	Yes 🔾	No O
Is there any other reason for your business to cease operating?	Yes O	No O
(if yes, please specify the reason – ie. bank covenant, personal)		

Contingent Liabilities		
Is the entity currently facing any legal claim from third party?	Yes 🔾	No 🔾
Is the entity likely to face any legal claim in the next two years?	Yes 🔾	No O
Is the entity currently undergoing any audit by government agency?	Yes 🔾	No O
Is there any dispute amongst the shareholders or partners?	Yes 🔾	No O
Did the entity suffer any loss from fraud or other criminal offences?	Yes O	No 🔾
Is the entity required to comply with AML/CFT regulations?	Yes O	No 🔾
(if you answer yes to any of the above, your advisor will contact you for more details)		

Capital Commitment & Specified Reserve		
Did the entity commit for any major investment or expenditure?	Yes 🔾	No O
(if yes, please specify)		
Was there any capital set aside for specific purpose during the year?	Yes 🔾	No O
(if yes, please specify)		

5. Tax Compliance

Tax Compliance		
Does the entity have any tax arrears including any periodic tax?	Yes O	No O
Does the entity have any overdue returns including any periodic tax?	Yes O	No O
Are you aware of any errors or omission made in prior returns?	Yes O	No O
Is the entity currently undergoing any review or audit by IRD?	Yes O	No O
(if you answer yes to any of the above, your advisor will contact you for more details)		
Is your entity covered by any tax audit insurance?	Yes O	No O

6. Trading Trust or Estate Only

Trust Administration (please only complete this section if your en	ntity i	is trading tru	st)
Was any deed or resolution signed during the year?		Yes 🔾	No O
(if yes, please specify nature ie. variation, gifting, debt)			
Was there any change in trustees or beneficiary structure?		Yes 🔾	No O
Was there any capital distribution made to any beneficiary?		Yes 🔾	No O
(if yes, please specify beneficiary & amount: name:		\$	
Was there any asset transferred in/out to/from the trust?		Yes O	No O
(if yes, please specify asset & amount: asset:		\$	
Is your trust managed by a lawyer or trust advisor?		Yes O	No O
(If yes, please specify your advisor firm or their name)			



7. Value Adding Services

We're committed to supporting your financial success beyond year-end reporting. To that end, we offer a range of value-adding services designed to enhance financial management, optimize tax efficiency, and support business growth.

Please indicate if you'd like more information about any of the following services:

Value Adding Services			
Strategic Business Planning	Yes 🔾	No 🔾	
Cashflow Forecasting & Budgeting	Yes 🔾	No 🔾	
Business Valuation – Independent or Indicative Valuation	Yes 🔾	No 🔾	
Business Restructuring & Group Structure Optimisation	Yes 🔾	No O	
Succession Planning & Business Growth	Yes 🔾	No O	
Investment & Retirement Planning	Yes 🔾	No O	
Asset Protection & Trust Administration Services	Yes 🔾	No O	
Periodic Management Reporting & Business Analytics	Yes 🔾	No O	
Accounting System and Software Optimisation & Migration	Yes 🔾	No 🔾	
Strategic Cost Accounting, Pricing & Breakeven Point Analysis	Yes 🔾	No O	
Business Mergers & Acquisitions and Business Combination	Yes 🔾	No O	
Capital Restructuring, Funding & Financing	Yes 🔾	No O	
Specialty Tax Advisory Services – Land, offshore, GST, IRD audit etc	Yes 🔾	No O	
(Your advisor will contact you for more information about our services listed above)			

8. Client Declaration

I acknowledge that I am responsible for the accuracy and completeness of the information provided in this questionnaire, which will be used to calculate my income from property rental activities. I do not require an audit or detailed review to verify my information, and therefore, I understand that you will not provide assurance on my financial statements.

I recognize that your work is not designed to detect errors or fraud and that you accept no liability for the accuracy or completeness of the information supplied by me. I further understand that the financial statements will be prepared solely at my request and for my purposes, with no liability for any losses, claims, or demands by third parties.

I also accept responsibility for maintaining and supplying any additional records or information outside those provided here and acknowledge that any failure to provide all relevant documents remains my responsibility.

Signature:	Date:		
Name [.]			

Thank you for completing this checklist. Your advisor will review the information provided and reach out if any further details are required.