



walkerwayland

Walker Wayland Auckland Limited  
Chartered Accountants  
Level 7, 53 Fort Street  
P O Box 2175, Shortland Street  
Auckland 1140, New Zealand  
Telephone 64 9 968 4440  
Fax 64 9 309 9042  
Website [www.wauckland.co.nz](http://www.wauckland.co.nz)

## PERSONAL INFORMATION QUESTIONNAIRE FOR THE YEAR ENDED 31 MARCH 2017

Please confirm your contact details:			
Name		Home telephone	
Postal address		Office telephone	
		Mobile telephone	
Contact person		Email Address	
ACC number			

**It is a requirement for us to retain a questionnaire on file for each income year. We thank you for taking the time to complete this questionnaire for each trading entity that requires financial statements and/or an income tax return to be prepared.**

**If you have any queries** about how to complete this questionnaire please contact us on (09) 968 4440. Please return the completed and signed questionnaire with your financial records.

## **SECTION A: INCOME**

**Please Circle or Highlight**

1. Did you undertake work during the year for an Employer who deducted PAYE from those earnings? YES / NO
2. Did you received a pension during the year?  
Please attach details of all pensions or annuities received. YES / NO
3. Please attach all Interest & RWT certificates for all savings, joint & investment accounts. YES / NO
4. Please attach all dividend notification slips with payment dates between 1 April 2016 and 31 March 2017. YES / NO
5. Are you a shareholder in a look through company (LTC), or a partner in a partnership for which Walker Wayland Auckland Ltd does not prepare the tax returns?  
Please supply 2017 financial statements and tax returns. YES / NO
6. Please attach details of any PIE (Portfolio Investment Entity) income earned YES / NO
7. Do you own, or have you purchased during the year a commercial or residential property in New Zealand or overseas which is rented out?  
Please list addresses below YES / NO

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8. If you own, or control via another entity, shares or investments that are held in organisations which operate in foreign countries, or if such investments were bought or sold during the year, the Foreign Investment rules apply to these.

Do you have:

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|---|----------|
| a) Australian shares?   | YES / NO |
| b) Other foreign shares?  | YES / NO |
| c) Investments in foreign unit trusts?  | YES / NO |
| d) Investments in foreign life insurance, endowment etc policies?                 | YES / NO |
| e) Investments in foreign superannuation or pension funds?                        | YES / NO |
| f) Investments in any other kind of foreign company, individual or equity scheme? | YES / NO |
| g) Loans from any foreign company, individual or equity scheme?                   | YES / NO |
| h) Overseas bank accounts   | YES / NO |

If you have answered YES to any of the questions above in 8, we will contact you to obtain further information.

- |  |          |
|--|----------|
| 9. Did you purchase and sell any shares or properties during the year for purposes other than investments? (ie: share trading, property speculation).<br>If YES, please attach details.  | YES / NO |
| 10. Did you receive any other income, e.g. Estate or Trust income?<br>If YES, please attach details.   | YES / NO |
| 11. Have you been offered any share options by your employer during the year which you have accepted?<br>If YES please attach details of these including the terms and conditions.   | YES / NO |
| 12. Do you pay income protection insurance?<br>If so please attach a confirmation of the premium paid for the year ended 31 March 2017.<br>Does the policy provide for an agreed sum or is any payout based on earnings?<br>Please advise how much the agreed sum is:_____ | YES / NO |
| 13. Did you receive any lump sum withdrawals or transfers to a New Zealand pension scheme?   | YES / NO |



## **SECTION B: EXPENSES**

**COMPLETE THIS SECTION ONLY IF YOU OPERATE AS A SOLE TRADER OR INDEPENDENT CONTRACTOR.**

1. Have you any expenses to offset against Withholding Payments?  
If YES, please attach details. YES / NO

2. Home Use

(a) Is a room in your house set aside solely for business use? If YES

Room Area: \_\_\_\_\_ sqm

Total House Area: \_\_\_\_\_ sqm

If the room is not set aside solely for business use, how often is it used? \_\_\_\_\_ days / month

(b) Please record your Home Expenses for the year

Body Corporate \$ \_\_\_\_\_

Rates (ARC, Local and Water) \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Power (Heat & Light) \$ \_\_\_\_\_

Interest on Mortgages to purchase \$ \_\_\_\_\_

Insurance on Building & Contents \$ \_\_\_\_\_

Rent Paid \$ \_\_\_\_\_

Repairs & Maintenance (to this room Only) \$ \_\_\_\_\_

Please list:

3. Please provide a copy of any ACC invoices paid this year.



## **SECTION C: WORKING FOR FAMILIES TAX CREDITS (WFTC)**

If you have dependent children 18 years or younger you may be eligible for a Tax Credit depending on your joint Taxable Income.

1. Did you receive Working for Families payments during the past year? YES / NO
2. Does our office prepare your spouse's tax return? YES / NO  
If NO, please provide us with a copy of his/her 2017 tax return.
3. Have you married, separated or otherwise changed your family circumstances during the year to 31 March 2017? YES / NO
4. Have you received or paid maintenance to/from any person during the year? If so how much? YES / NO
5. Were you a wage/salary earner during the year? YES / NO  
If YES, on average how many hours per week were you working?  
\_\_\_\_\_hours (couples a minimum of 30 hours)  
\_\_\_\_\_hours (sole parent a minimum of 20 hours)  
How many weeks did you work over the minimum hours?  
\_\_\_\_\_weeks (couples)  
\_\_\_\_\_weeks (sole parent)
6. Did you have a newborn baby during the year? YES / NO  
Have you already claimed the Parental Tax Credit? YES / NO

9. Please list the names and dates of birth for your family dependents and supply the following information if claiming for the first time.

Name	D.o.B.	IRD Number	Circle which one applies
_____	_____	_____	PreSchool/School/Tertiary/Working
_____	_____	_____	PreSchool/School/Tertiary/Working
_____	_____	_____	PreSchool/School/Tertiary/Working
_____	_____	_____	PreSchool/School/Tertiary/Working
_____	_____	_____	PreSchool/School/Tertiary/Working



## **SECTION D: DONATIONS**

Did you make a charitable donation of \$5 or more, e.g. New Zealand Charities, State and Private Schools, Pre-School and Church offerings?

YES / NO

School (private, public or kindergarten) donations, need to be a donation to the school general fund, **not** activity fees. The receipt must have the word 'donation' written on it.

**Please supply receipts.**



## **TERMS OF ENGAGEMENT**

### **(as per Institute of Chartered Accountant of New Zealand recommended text)**

I accept responsibility for the accuracy and completeness of the information supplied in this questionnaire which is to be used in the preparation of my financial statements. You are not to complete an audit, nor do I wish you to undertake a detailed review of my affairs in order to substantiate the accuracy of my information, and therefore you are unable to provide any assurance on my financial statements. I understand your work cannot be relied on to detect error and fraud 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 below.

I accept responsibility for any failure by me to supply all relevant records and information to you.

I understand that Walker Wayland Auckland Ltd will endeavor to lodge my income tax return by the due date. However, if information required to prepare this income tax return is delivered late, the Walker Wayland Auckland Ltd will not be liable for late lodgement penalties and/or interest charges.

I personally guarantee to pay accountancy fees rendered and authorise Walker Wayland Auckland Ltd to apply tax refunds against any outstanding debt.

I hereby declare that the above information is true and correct

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

## **CLIENT ACCEPTANCE FORM**

In respect to Non Disclosure we also authorise Walker Wayland Auckland Ltd personnel to act as required under sections 20B to 208 of the Tax Administration Act 1994.

You give your full authority to us to contact any organisation (including your bank, financiers, insurers, city council and the Inland Revenue Department) for the purposes of obtaining information necessary to complete your various taxation returns and financial statements. Information from Inland Revenue Department is through all channels, including electronic. The authority to obtain information is for all tax types except Child Support. You acknowledge that this information would not otherwise be available due to the Privacy Act restrictions, but you give your full authority for this statement to be used as a written confirmation of your agreement to us obtaining information for any organisation, as listed above on the signed consent statement, for the abovementioned purposes. This also includes linking all person(s) and entities to our agency list as your tax agent.

### **Accident Compensation Corporation**

You authorise Walker Wayland Auckland Ltd to act as your agent for ACC levy purposes for all associated entities. This authorisation allows Walker Wayland Auckland Ltd to query and change information on your ACC levy account(s) through ACC staff, and through ACC Online Services. This authority will also allow Walker Wayland Auckland Ltd main representative discretion to delegate access to your ACC information to other members of Walker Wayland Auckland Ltd . Other delegated members of Walker Wayland Auckland Ltd will also be able to query and change information on your ACC levy account.



**Acceptance**

The terms of this engagement and the general terms and conditions are accepted.

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

NOTES: \_\_\_\_\_

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