



# Personal Questionnaire for the year ended ..... / ..... / .....

To enable us to prepare the annual financial statements for the following parties we need you to complete this questionnaire, sign where indicated and return it to our office along with supporting documents.

### Privacy Act authorisation:

- ✓ I/We give you full authority to contact any organisation, via telephone, writing or Internet access, including banks, solicitors, the Inland Revenue Department (IRD), the Accident Compensation Authority (ACC) and all other government agencies for the purposes of obtaining information necessary to complete the Financial Statements/Tax return(s). I/We acknowledge that this information would not otherwise be available due to the Privacy Act restrictions but I/we give full authority for this statement to be used as written confirmation of my/our agreement to your obtaining from any organisation for the above mentioned purposes.
- ✓ I/We give you full authority to access and change information from the IRD for all tax types, this may be via telephone, Internet access, info express, or in writing.
- ✓ I/We give you full authority to access and change information from the ACC through ACC Online and/or directly with ACC staff.
- ✓ I/We further authorise PKF Hamilton Ltd to furnish to any third party, financial information of mine/ours as PKF Hamilton Ltd sees fit that is requested in furtherance of our business activities.
- ✓ These terms are agreed upon in conjunction with the signed engagement letter.

Please list all individuals covered by this authority (including any children we prepare returns for).

Name: \_\_\_\_\_ Signed by: \_\_\_\_\_

Name: \_\_\_\_\_ Signed by: \_\_\_\_\_

Do we have your latest details? Yes (tick)  or if any changes please fill out below:

Postal Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Mobile #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Bank A/c #: \_\_\_\_\_

Email (For Invoices): \_\_\_\_\_  
(if Different)

### Additional Info:

- Tick if you would like to receive future client questionnaires electronically
- Tick if you would like to receive email updates/newsletters from PKF Hamilton Ltd
- Tick if you would like us to supply a copy of your financial statements to your bank

Name of Bank \_\_\_\_\_

Branch \_\_\_\_\_

Contact Person \_\_\_\_\_

Email address \_\_\_\_\_

Please complete with information we need for your Personal Income Tax Return

Information to send :

1. Did you receive interest or dividends?  No  Yes End of year interest / dividend statements
2. Are you a shareholder or a director of a company that we do not act for?  No  Yes Name and contact details for the accountant preparing financial statements for each other entity
3. Do you receive income from an Estate, Trust, Partnership or Business that we do not act for?  No  Yes Name and contact details for the accountant preparing financial statements for each other entity
4. Do you receive rental income?  
E.g. Holiday Home  No  Yes Complete a Rental Supplement  
Complete Table A with home office details
5. Do you have a student loan?  No  Yes
6. Do you use the services of a portfolio advisor?  No  Yes Portfolio advisor annual statements
7. Do you have investments in PIEs?  
(Portfolio Investment Entities)?  No  Yes PIE end of year tax reports
8. Do you have any overseas investments?  
(Shares, foreign superannuation funds, overseas unit trusts, life insurance policies or pension funds)  No  Yes Provide details of:  
Investment name, Country of origin,  
Type of investment, cost price/quantity held (where applicable) and market value at balance date  
Details of any sales / purchases for the year  
Investment broker statements
9. Have you received a lump sum payment or transferred your overseas pension/superannuation scheme to New Zealand since 1 January 2000?  No  Yes Documentation required:  
Dates and amounts of any funds withdrawn from your pension/superannuation scheme  
End of year tax reports
10. Did you receive any other overseas income?  
(Interest, dividends, salary or wages, self-employment)  No  Yes End of year interest statements  
Dividend statements  
Details and documentation for any other income received
11. Did you receive any income from the following sources?  
Sale of land and buildings  
Sale of NZ shares, bonds or other investments  
Employee share option program  
Share options  
Any other income (e.g. Royalties)  No  Yes Details and documentation for any other income received

12. Did you take out a loan to make any of these investments?   Loan statements, details of interest paid during the year
13. Were you in New Zealand for the full year?   If no, please provide number of days away \_\_\_\_\_
14. Did you incur any expenses relating to earning your income?   Confirmation of any premiums paid for income protection insurance.  
Details and invoices for other expenses, including interest paid
15. Did you make any donations during the year?   <sup>No Yes</sup> Donation receipts/School Donations
16. If you are due a tax refund which bank account would you like this to be deposited into? \_\_\_\_\_ Please Provide bank account details

Bank A/c Number: \_\_\_\_\_

17. Eligibility for Working for Family Tax Credits (family assistance)   <sup>No Yes</sup> Please complete Table B

18. Any other relevant information that may be helpful to us

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Table A - Home office/Workshop expenses (only applicable if answered "yes" to question 4 above)

The annual total expense of:	
Insurance (Home & Contents)	
Interest (on mortgage)	
Power and gas	
Rates and water rates	
Repairs and maintenance	
Rent (if property is not owned)	
Personal Telephone & Internet charges	
Annual telephone rental	
Annual internet charges	
Business related toll calls	_____ or Business Use _____%

If you have not previously supplied these details or there have been any changes in the past year, please provide the following information.

Total floor area of the house	
Total floor area used for business purposes	

Table B - Working for Families Tax Credits

Details of any children aged 15 or under, or any children aged 15-18 that are in at school/tertiary education

	Name	Date of Birth	IRD Number
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			

Do any of the following apply, if so, please provide details:

	No	Yes
Do you have a spouse/partner for whom we do not prepare accounts for? If yes, we require IRD number & Income details	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your partner receive any child support/family assistance payments during the period?	<input type="checkbox"/>	<input type="checkbox"/>
Has there been any change in family circumstances? (i.e. Married, separated)	<input type="checkbox"/>	<input type="checkbox"/>
Did you share custody of your child(ren) with anyone other than your current partner?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your partner pay or receive maintenance to/from another person during the year?	<input type="checkbox"/>	<input type="checkbox"/>
For any week during the year did you work 20 hours or more if single, or combined with your spouse/partner 30 hours or more?    Number of Weeks: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your partner a settlor of an income earning trust, for which we do not act?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your partner a shareholder in a close company for which we do not act?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your partner receive any attributable Fringe Benefits as a shareholder employee from a company for which we do not prepare the accounts?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your partner's company/trust make an Income Equalisation Scheme deposit?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your partner receive any annuity from a life insurance policy or pension from a superannuation fund (excluding NZ Super) during the period?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your partner receive any other payments whose total amount for the period exceeds \$5,000 that were used to meet the family's day to day expenses?	<input type="checkbox"/>	<input type="checkbox"/>
Did your child(ren) receive any income totaling more than \$500 from interest, dividends, PIE distributions, Trust distributions, or any other passive income?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or any of your children receive any benefits from Work & Income (including Student allowance, hardship & grants)	<input type="checkbox"/>	<input type="checkbox"/>