

PERSONAL QUESTIONNAIRE



YOUR NAME _____ SPOUSE/PARTNER _____

DATE OF BIRTH _____ DATE OF BIRTH _____

IRD No _____ IRD No _____

Telephone _____ Day Telephone _____ Evening

Your Mobile _____ Partner's Mobile _____

Email _____ Fax _____

Nominated Bank Account for Refunds _____

Nominated Bank Account for Refunds _____ Spouse/partner

1. DO YOU OR YOUR SPOUSE/PARTNER RECEIVE ANY OF THE FOLLOWING?

	You		Partner	
	Yes	No	Yes	No
Salary & Wages				
Accident Compensation Payments				
Interest & RWT Certificates				
Dividends Advices				
Overseas Income Advices				
Rental Income Fill in Rental Questionnaire include - Printouts from Property Manager - Invoices for Repairs & Maintenance over \$500.00				
Copies of Partnership Accounts (If not processed by us)				
Copies of Estate Accounts (If not processed by us)				
Copies of Trust Accounts (If not processed by us)				
Do you have Withholding Tax Income? If yes, complete Appendix A - Supply ACC invoices both Paid & Payable & all GST returns & work papers				
Do you have Income Protection Insurance? If Yes, supply statement from insurance company.				
Are you entitled to Family Support? Go to Question 2 for information				
Do you have any receipts for Personal Rebates? Donations, Childcare, Housekeeper Attach all receipts				

2. FAMILY ASSISTANCE & IN WORK ASSISTANCE

You may be eligible for Family assistance and/or In Work Assistance. Information and a calculator are available on the IRD website www.workingforfamilies.govt.nz.

We can provide an indicative calculation as an additional service, but will require the following information:

Name	Date of Birth	IRD Number	Date Left School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you applied for Family Assistance? YES/NO

Do you receive any liable parent payments? YES/NO

Have you received any Family Assistance payments throughout the year?
(Supply statement) YES/NO

Do you qualify for "In Work Assistance"? YES/NO
(Single Parent Families minimum 20 hours per week
Two Parent families minimum 30 hours per week)

Have you applied for "In Work Assistance"? YES/NO

APPENDIX A

1. Do you have expenses incurred in earning your Withholding Payment? YES/NO

If yes, provide details of expenses.

2. Use of office at home YES/NO
 If yes, complete the following schedule:

Mortgage Interest	\$ _____	Gas & Power	\$ _____
Rates	\$ _____	Insurance (Contents)	\$ _____
Insurance (House)	\$ _____	Repairs (List please)	\$ _____
			\$ _____

For first claim (or change from last year) please provide:

Area of Room _____ sq m/sq ft (delete one)

Total Area of House _____ sq m/sq ft (delete one)

EXPENSES

NAME OF EXPENDITURE

AMOUNT

	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

Re: Year ended 31 March 2008

I hereby instruct Laurenson Chartered Accountants to prepare my Financial Accounts and Taxation Returns for the period ended 31 March 2008. I undertake to supply all information necessary to carry out these assignments and I accept responsibility for the accuracy and completeness of the information, and therefore you are unable to provide any assurance of 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 to me. I further understand that the financial statements will be prepared at my request and for my purpose only, and that you will not be liable for any losses, claims or demands by any third parties.

Laurenson Chartered Accountants are hereby authorised to communicate with my Bankers, Solicitors, Finance Companies, Accident Compensation Commission and Inland Revenue, to obtain such information as you may require in order to carry out the above assignments, including utilizing IRD Info Express and the new "Look Up Account Information" now available online at the IRD website for Tax Agents.

I acknowledge that I may have to pay tax on 28 August, 15 January, 7 April and 7 May, and that if I have not been advised of such payments, it will be my responsibility to contact you to ascertain if tax is payable.

SIGNED _____

SIGNED _____

DATE _____