

# Tax Return & Investment Questionnaire – 2020

**F**

Please ensure this questionnaire is completed and included with your records

<b>Client Name</b>		<b>Phone</b>	
<b>Balance Date</b>		<b>Mobile</b>	
<b>Email</b>		<b>Fax</b>	

**To: Cooperaitken Ltd**

## Terms of Engagement

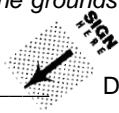
I/We hereby instruct you to prepare our Taxation Returns & Financial Statements for the 2020 year. I/We undertake to supply all information necessary to carry out such services and will be responsible for the accuracy and completeness of such information. I/We give you full authority to contact any organisation via telephone, in writing or via internet access, including banks, solicitors, dairy companies the Inland Revenue Department (IRD), the Accident Compensation Corporation (ACC), the Companies Office 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 information 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, in writing, via internet access or info express;
- Access and change information through My ACC for Business and/or directly with ACC staff;
- Maintain the company records and details on the Companies Office website;
- Verify financial information held by other parties;
- This also relates to any prior financial years.

*"These statements have been prepared specifically for our client for the purpose of filing a tax return.*

*Accordingly, the Taxation schedules should not be relied upon for any other purposes. A compilation is limited to the collection, classification and summarisation of the financial information supplied by the client. A compilation does not involve the verification of that information. We have not carried out an audit or a review assignment on the taxation schedules and therefore neither we, nor any of our employees accept any responsibility for the accuracy of the information from which the tax schedule have been prepared. Further, the taxation schedules have been prepared at the request of and for the purpose of our client only, and neither we nor any of our employees accept any responsibility on the grounds whatsoever, including liability in negligence, to any other person."*

Signature  Date \_\_\_\_\_

Convenient time to call you is: and/or alternative phone number to above is:		
Would you like us to supply a copy of financial statements to your bank?		Yes <input type="checkbox"/> No <input type="checkbox"/> (Tick One)
Please advise contact person & branch		_____
Email address for Bank copy		_____
Has the nature of your business changed in any way during the past 12 months or the next 12 months? If yes, please provide brief details at the end of this questionnaire:		

## Investor, Tax Return Checklist - Checklist – 2020

Client Name	
Balance Date	

### Information required for Individual Tax Returns.

<b>Records Required – Individual</b> If this entity also completes tax returns for related parties (such as children/shareholders/beneficiaries) it is important that the following information is also provided for them.			<b>Comments</b>																																
<b>Interest and Dividends</b> Please supply the advice slips. <ul style="list-style-type: none"> <li>For interest there will be an annual advice notice showing the withholding tax deducted.</li> <li>If any dividends are taken as bonus shares include these advice slips also.</li> <li>Any interest received with no residual withholding tax deducted.</li> <li>Please include all Investment Portfolio Reports.</li> </ul>		<input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>																																	
<b>Property Details</b> Please provide us with the addresses of any rental properties you have. Address: _____ Address: _____ Address: _____		If a property was not rented for a full 12 months, please provide details of why it was vacant. _____ _____																																	
<b>Rental Income and Expenditure</b>			✓																																
Please supply bank statements clearly identifying and detailing all transactions that relate to the rental properties <b>OR</b> Please provide details of the following for each rental property. Use a separate sheet if necessary.			<input type="checkbox"/>  <input type="checkbox"/>																																
<b>Income:</b> Total Rent Received \$ _____																																			
<b>Expenses:</b> <table border="0"> <tr> <td>Accounting fees</td> <td>\$ _____</td> <td>Phone</td> <td>\$ _____</td> </tr> <tr> <td>Advertising (to rent)</td> <td>\$ _____</td> <td>Power</td> <td>\$ _____</td> </tr> <tr> <td>Bank fees</td> <td>\$ _____</td> <td>Rates</td> <td>\$ _____</td> </tr> <tr> <td>Insurance</td> <td>\$ _____</td> <td>(including regional council rates)</td> <td></td> </tr> <tr> <td>Legal fees</td> <td>\$ _____</td> <td>Repairs and Maintenance</td> <td>\$ _____</td> </tr> <tr> <td>Management fees</td> <td>\$ _____</td> <td>(please attach details or invoices)</td> <td></td> </tr> <tr> <td>Mortgage Interest</td> <td>\$ _____</td> <td>Valuation fees</td> <td>\$ _____</td> </tr> <tr> <td>(attach copy of loan summary/statements from bank)</td> <td></td> <td>Water rates</td> <td>\$ _____</td> </tr> </table>			Accounting fees	\$ _____	Phone	\$ _____	Advertising (to rent)	\$ _____	Power	\$ _____	Bank fees	\$ _____	Rates	\$ _____	Insurance	\$ _____	(including regional council rates)		Legal fees	\$ _____	Repairs and Maintenance	\$ _____	Management fees	\$ _____	(please attach details or invoices)		Mortgage Interest	\$ _____	Valuation fees	\$ _____	(attach copy of loan summary/statements from bank)		Water rates	\$ _____	
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(attach copy of loan summary/statements from bank)		Water rates	\$ _____																																
Details of any other expense relating to rental property: _____ \$ _____ _____ \$ _____																																			
Details of visits to inspect property/conduct property business: <table border="0"> <tr> <td>Date</td> <td>Details</td> <td>Kilometres</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>			Date	Details	Kilometres	_____	_____	_____	_____	_____	_____	_____	_____	_____																					
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<b>Partnerships, Trusts, Estates and Companies (only if not completed by CooperAitken Ltd)</b>		
Please supply a copy of completed annual accounts and tax returns for the current year for any entity you have an Investment in.	<input type="checkbox"/>	
<b>Overseas</b>		
Also include overseas interest, dividends, and employment and taxation paid. <b>Note:</b> New Zealand residents are liable for tax on all world-wide income.  Please advise if you own any OM–IP shares.	<input type="checkbox"/>	
<b>Claimable Expenses</b>		
Attach details: • Income Protection Insurance Policy – provide details of premiums and claims.	<input type="checkbox"/>	
<b>Donations Rebates</b>		
<ul style="list-style-type: none"> <li>Have you any rebates to claim?</li> <li>If Yes, have you sent your rebate claim form to Inland Revenue?</li> <li>Do you want us to complete your rebate claim form?</li> <li>Please supply all donation receipts</li> </ul>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

## Working For Families and Best Start

**There have been changes to the types of Income you must tell us about when applying for & receiving Working for Families Tax Credits. Please read the below carefully and advise us if there is any additional information we need to know.**

Please supply full names and birth dates of all children. Note the following:

- If you had a child born within the current financial year you may be eligible for the Best Start Credit, please attach a copy of their Inland Revenue Department number. ☐
- Where a child has become financially independent during the current financial year, please advise the start date of employment. ☐
- Also provide details of any maintenance/child support received or paid through the Inland Revenue Department or directly by an ex-partner. ☐
- If family circumstances changed during the year e.g. custody arrangements/separation please supply details. ☐

### ADDITIONAL INCOME INFORMATION

- Are you a shareholder in a company that we do not prepare the Annual Accounts for? Please provide us with the Annual Report and tax return for that company ☐
- Are you a Trustee or beneficiary of a Trust that we do not prepare Annual Accounts for? Please supply us with details of the Trust along with their Financial Statements and tax return. ☐
- Are you a Shareholder Employee of a Company that supplies you with a fringe benefit? i.e. you are supplied with a motor vehicle, insurance scheme etc. ☐
- Passive Income of Children:- If your children receive any of the following Types of income over \$500.00 per child please advise the amounts.
  - \* Interest, Dividends, a taxable Maori Authority ☐
  - \* Royalties, Rent ☐
  - \* Beneficiary Income ☐
  - \* PIE Attributed Income ☐
  - Pensions & Annuities from Life Insurance policies or Super Funds.
- Other Payments that are used for day to day living expenses that exceeds \$5000.00. ☐

**Child's Name**

**IRD No.**

**Date of Birth**

**Date left School**


### Mixed Use Holiday Home

Does this entity have a property (such as a holiday home or a bach) that is used privately and also to derive income?

Yes ☐ No ☐

If yes, provide details of property: \_\_\_\_\_

Was the property empty for 62 days in the income year?

Yes ☐ No ☐

If yes, please complete the following section so we can determine the amount of allowable deductions.

☐

#### Mixed Use Holiday Home – Information Required

The number of days the property was empty during the income year \_\_\_\_\_

The number of days the asset was used by family or associated persons\* during the income year \_\_\_\_\_

OR where income from any person received was less than 80% of market rate \_\_\_\_\_

\* Associated persons include close relatives, or if owned by an entity, persons associated with the entity owning the property

If there is more than one tenant who used the property through the year, please attach details.

☐

Name of tenant: \_\_\_\_\_

Relationship to owner (if any): \_\_\_\_\_

Amount of rent they paid: \$ \_\_\_\_\_

Dates rented (From: To) \_\_\_\_\_

Expenses incurred in respect of the property (the list below is not exhaustive – details of all expenses will be required):

Cost of advertising for tenants \$ \_\_\_\_\_

Cost of repairing damages caused by tenants \$ \_\_\_\_\_

Number of days spent in the property while repairing damages caused by tenants \_\_\_\_\_

Mortgage interest \$ \_\_\_\_\_

Rates \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Repairs/maintenance for general wear and tear \$ \_\_\_\_\_

Other (please give details) : \_\_\_\_\_

### Any Other Information

Please provide any other details that will assist us in completing your returns

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