

Farming Questionnaire - 2020

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Ensure this question	nnaire is completed and included with your re	cords	
Client Name		Phone:	
Balance Date		Mobile:	
Email:		Fax:	
To: CooperAitken Ltd	d	,	
information necessary I/We give you full auth dairy companies the Ir all other government Return(s). I/We acknofull authority for this s	rou to prepare our Taxation Returns & Financial S to carry out such services, and will be responsible to contact any organisation, via telephone, pland Revenue Department (IRD), the Accident Coagencies for the purposes of obtaining informat wledge that this information would not otherwise be statement to be used as written confirmation of cover mentioned purposes.	ble for the accuracy and comp in writing or via internet acces ompensation Corporation (ACC tion necessary to complete to be available due to the Privacy	leteness of such information. ss, including banks, solicitors, C), the Companies Office and he Financial Statements/Tax y Act restrictions but I/we give
express. Access and chang Maintain the comp Verify financial info	e information from the IRD for all tax types; this re information through My ACC for Business and/o any records and details on the Companies Office or principles of the companies of the compani	r directly with ACC staff;	g, via internet access or info
Financial Statements	prepared by you will carry the following disclaimers	s:	
client. A compilation Statements and therel which the Financial St and for the purpose of	ed primarily to the collection, classification and s does not involve the verification of that informat fore neither we nor any of our employees accept a atements have been prepared. Further, the Finar the client only and neither we nor any of our employ gligence, to any other person."	ion. We have not audited or ny responsibility for the accura ncial Statements have been pro	reviewed the Financial acy of the materials from epared at the request of
Signature		Date	
Convenient time t			
Would you like us your bank?	s to supply a copy of financial statements to	Yes No (Tick One	
Please advise cor	ntact person & branch		
Email address for	· Bank conv		

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:



Client Name				
Year-end checklist (to be co	mpleted on balance da	ate)		
Accounts Receivable (Debtors) - s	•			
All accounts or amounts owing to you at exclude any, which you are reasonably		iled but		Total at Balance Date:
Any accounts that you believe are bad do balance date. This is achieved by creating bad debt being written off.				\$ GST Included □ Excluded □
Include any dairy statements for proceed balance date.		ng		
Accounts Payable (Creditors) – se				
All accounts or amounts owing by you at indicating name of creditor, amount and mark on cheque butts or highlight in cash following your balance date, which shoul	what the expense is for. Alternan book those items in the month	atively,		Total at Balance Date: \$ GST Included
Consumables on Hand				
If you have purchased consumable supp date, please list total cost. This includes consumable supplies include dips, drend remedies, bloat oil, petrol, bale wrap, tim	fertiliser, supplementary feed, hes, fencing supplies, animal	ance		
Total value of consumables on hand	, if in excess of \$58,000			
\$				
Livestock on Hand – See attached Scl	nedule 3			
A schedule has been enclosed. Please complete.				
Motor Vehicles (used in the Business)				
Please record the vehicle mileage as at I	palance date for any vehicles us	sed in the	busin	ess
Vehicle Description				
Mileage	km			
Vehicle Description				
Mileage	km			
Vehicle Description				
Mileage	km			
Vehicle Description				
Mileage	km			



Schedule 1 – Accounts Receivable (Debtors) Amounts owing to you at balance date

I	2

Client Name				
Name of Debtor	If applicable Invoice #	Description of Sale	lf applicable BankLink Code	Amount GST Included Excluded
			Totals	



Schedule 2 – Accounts Payable (Creditors) Amounts owing by you at balance date

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Client Name			
Name of Creditor	Description of Goods	If applicable BankLink Code	Amount GST Included Excluded
		Totals	



Schedule 3 – Livestock

Client Name	

Please list all livestock owned by you at balance date

COMPLETION OF THIS LIVESTOCK SHEET IS NOW A COMPULSORY REQUIREMENT OF CHARTERED ACCOUNTANTS AUSTRALIA NEW ZEALAND AND INLAND REVENUE

Includes all stock **Leased out** and Empty Cows on Hand as these **belong to you**. Exclude any stock you have **Leased in** from other people.

	Dairy	Beef
Cows		
Heifers R2yr		
Heifers R1yr		
Breeding Bulls		
R1yr Bull/Steers		
R2yr Bulls & Steers		
R3yr Bulls & Steers		
Estimated Deaths		_
Natural Increase		

DEER					
	Red	Wapiti	Other		
Mixed Age Hinds					
2yr Hinds					
1yr Hinds					
Breeding Stags					
Non Breeding Stags					
1yr Stags					
Estimated Deaths					
Natural Increase					

	GOATS		
	Milking (Dairy)	Other Fibre & Meat Producing	Angora / Angora Crosses
1yr Does			
Mixed Aged Does			
1yr Bucks (non breeding) / Wethers			
Bucks (non-breeding) / Wethers over 1yr			
Breeding Bucks			
Other Dairy Goats			

PIGS	_
Breeding Sows less than 1yr	
Breeding Sows over 1yr	
Breeding Boars	
Weaners less than 10 weeks (excluding sucklings)	
Growing Pigs 10 – 17 weeks (Porkers/Baconers)	
Growing Pigs over 17 weeks (Baconers)	

SHEEP	
5 & 6yr Ewes	
3 & 4yr Ewes	
Two Tooth Ewes	
Ewe Hoggets	
Breeding Rams	
Mixed Aged Wethers	
Ram/Wether Hoggets	
Estimated Deaths	
Lambs Docked	
Natural Increase	



Farmers Checklist - 2020

Client Name			
Balance Date			
		1	
	uired - Business		Comment
	Cheque butts, Cash books, etc		
Please supply (if you Bank statements shaccounts and loans	nowing your bank balance at < <balance date="">> for all</balance>		
Credit Cards			
If yes, please supply expenditure.	siness expenditure on credit card? the statements indicating clearly which is business		
	s paid to Employees	1	
and PAYE deductions	ook as well as a month by month summary of Gross Wages as returned to the IRD including all relevant information of vances or other deductions.		
Holiday pay or bonus be included.	es paid within 63 days of your balance date may need to		
Fringe Benefit Tax	(FBT) Returns	1	
Supply copies of Fring	ge Benefit Tax (FBT) returns and work papers.		
Interest / Dividend	Certificates	1	
Supply copies of all c	ertificates or details of interest and dividends received.		
Is there any Incom	ne not banked into business accounts		
Please provide details	3.		\$ \$
Private Use		•	
Please provide details	s of goods taken for private use.		\$ GST Included
Expenses from Pe	ersonal Funds		
etc.	f applicable. Examples would be petrol, stamps, freight,		
Motor Vehicle	has about all account to live		
If your use of vehicles	s has changed please let us know.		
	for vehicle business use as established by business running	recor	ded in my vehicle log book(s) is:
Vehicle Description			
Business Total Percentage Busir	km km ness %		
Vehicle Description			
Business Total Percentage Busir	km km ness %		
Please note that a loc	book must be completed for a three month period every thr	ee ve	ars.



				■ Greating freedom	itt itt your business
Private Vehicles Used for	Business				
Please advise					
Make					
Model					
Engine size Number of km's used for bu	siness				
Information required fo	or Individual Tay Retu	rne			
inionnation required it	oi iliulvidual Tax Netu	1115			
Records Require	ed – Individual			Comments	
If this entity also compl children/shareholders/k	etes tax returns for relat peneficiaries) it is import a also provided for them.	ant that the			
Interest and Dividends					
Please supply the advice sli	ps.				
For interest there will be a deducted.	an annual advice notice show	ving the withholding tax			
If any dividends are taken	as bonus shares include the no residual withholding tax on nent Portfolio Reports				
Property Details					
Please provide us with the a	addresses of any rental prope	erties you have.		If a property was not rented f	
Address:				months, please provide detail was vacant.	Is of why it
Address:				Was vasariii	
Address:					
Rental Income and Exp	anditura				✓
					•
OR	ents clearly identifying and de e following for each rental pro	· ·		• •	
Income: Total Rent Received	\$				
Expenses:	¢	Phone		¢	
Accounting fees Advertising (to rent)	\$ \$	Priorie		Ф С	
Bank fees	\$ \$	Rates		Φ ¢	
Insurance	\$	(including regional cou	ncil ra	Ψ ates)	
Legal fees	\$	Repairs and Maintena		\$	
Management fees	\$	(please attach details		pices)	
Mortgago Interest	\$	Valuation fees		\$	
Mortgage Interest (attach copy of loan summa	T	Water rates		\$ \$	
Details of any other expense				▼	
Details of any other expense	e relating to rental property.		\$		
			\$		

Date Details

Details of visits to inspect property/conduct property business:

Kilometres



Mixed Use Holiday Home			
Does this entity have a property (such as a holiday home or a bach) that is used princome?	orivate	ely and also to derive	
If yes, provide details of property:		Yes 🗌 No 🗌	
Was the property empty for 62 days in the income year? If yes, please complete the following section so we can determine the amount of a	allowa	Yes ☐ No ☐ ble 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 to 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 assurproperty			
If there is more than one tenant who used the property through the year, please a	ttach	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 – de required):	tails c	of all expenses will be	
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) :			
Partnerships, Trusts, Estates and Companies (only if not completed	by C	ooner Aitken I td)	
Fartherships, Trusts, Estates and Companies (only if not completed		ooperAitkeii Ltu)	
Please supply a copy of completed annual accounts and tax returns for the current year			
Overseas			
Also include overseas interest, dividends, and employment and taxation paid. Note: New Zealand residents are liable for tax on all world-wide income.			
Please advise if you own any OM–IP Shares.			
Claimable Expenses	1		
Attach details Income Protection Insurance Policy – provide details of premiums and claims.			
Donations Rebates	1		
Have you any rebates to claim?		Yes □ No □	
If Yes, have you sent your rebate claim form to Inland Revenue?		Yes 🗌 No 🗌	
Do you want us to complete your rebate claim form?		Yes □ No □	
Please supply all donation receipts.			



Working For Families and B	est	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



Any Other Information

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