## Financial Statements Questionnaire -

Ensure this questionnaire is completed and included with your records						
Client Name				Phone:		
Balance Date				Email:		
To: Smith Mitchell Lin	mited					
Terms of Engageme	<u>nt</u>					
Statements and Taxa necessary to carry ou understand that you will not result in the e or in the fulfilling of ar	ation Returns It such service Will rely upon t Expression by S The statutory au The syou will not	for the year/period es and will be respons he information providou of an opinion on dit requirements. I/W be specifically inves	ending sible for the accuided by me/us. You the Financial Sta /e understand that stigating non-coi	. I/We racy and co our services atements in at during prepared to the model of the	e undertake to impleteness of a are not intend so far as third peparation of the ith laws and re	pare my/our Financial supply all information such information. I/We ed to, and accordingly parties are concerned, a Financial Statements egulations – however, in.
	ities. If this sh	ould change in any	material respect	t, I/we will	inform you imn	use and to determine nediately. You will not nts.
	All other terms and conditions of this engagement are the same as those referred to in the original Engagement Letter I/we signed when I/we became a client.					
I/We also accept that you have the right to charge interest on overdue accounts at the rate of 1.5% per month, and that all accounts are due for payment by the 20 <sup>th</sup> of the month following invoice date. The charging of such interest will be at your discretion. I/We accept that any collection costs you incur will be fully recoverable from me/us.						
all tax types (except	Authority is given to obtain information from Inland Revenue, other government agencies and financial institutions about all tax types (except child support), bank and loan accounts in order to complete the above assignments. This includes obtaining information through all Inland Revenue media and communication channels including electronic ones.					
I/We authorise your organisation to act as our agent for ACC levy purposes for all associated entities. This authorisation allows your organisation to query and change information on my/our ACC levy account(s) through ACC staff, and through MyACC for Business. This authority will also allow your organisation's main representative discretion to delegate access to my/our ACC information to other members of your organisation. Other delegated members of your organisation will also be able to query and change information on my/our ACC levy account.						
You are to represent me/us as my/our tax agent. All income tax returns will be signed by me/us however you are authorised to sign any other taxation return on behalf of myself/ourselves or any of my/our associated entities.						
Name		IRD Number	Signature			Date
			1			I
Convenient time t	<u> </u>					
Alternative phone			-1.0	/a.a. 🗔 📐		
Would you like us				es 🗌 No	Tick O	ne)
If your accounts a please advise the						

Records Required:	✓	Comment:		
Final Bank Statement				
Final bank statement for the year for all bank accounts				
IRD Disclosure requirement information (excluding non-active	trusts)			
If not provided already, could you please provide a copy of the trust deed a any amendments made to this.	nd 🗆			
Please provide the following information for all <b>settlors</b> and <b>beneficiaries</b> the Trust:				
Full name				
<ul> <li>Date of birth or commencement date (for non-individuals)</li> <li>Jurisdiction of tax residency (if not NZ)</li> </ul>				
<ul> <li>IRD number (or Tax Identification Number for those not resident in NZ)</li> </ul>				
Please provide details of any settlements made to the Trust by settlors or a other persons (including those valued at zero)	ıny 🗆			
Please provide details of any distributions made to beneficiaries, including following:	the			
Distributions of accounting income				
Distributions of capital, corpus or trust assets				
<ul><li>Use of trust property for less than market value</li><li>Forgiveness of debt</li></ul>				
If not already provided above, can you please provide the following details any person who has the power to appoint/dismiss a trustee, add/remove a beneficiary, or to amend the trust deed.	of			
<ul> <li>Full name</li> <li>Date of birth or commencement date (for non-individuals)</li> <li>Jurisdiction of tax residency (if not NZ)</li> </ul>				
<ul> <li>IRD number (or Tax Identification Number for those not resident in NZ)</li> </ul>				
Covid-19 Wage Subsidy and other Covid-19 support payments				
Have you received the Covid-19 Leave Support Payments? (please no	te all date	es and receipts)		
Date rec:/ \$ Date rec:	//_\$			
Date rec:/ \$ Date rec:	//_\$			
Where Covid-19 Leave Support Payments have been received for stakeholders (shareholders/partners/trustees/beneficiaries/owners) of the business please provide details of the following:				
<ul> <li>Amounts received for each stakeholder</li> <li>Whether amounts received were for full-time or part-times</li> </ul>				
Have you received a Covid-19 Cultural Sector Emergency Relief Gran	t or any o	ther Covid-19 support payments?	$\Box$	
Please provide details if it is an "other" Covid-19 support payment				
Date rec:/ \$				
Date rec:// \$				
Have you received the Covid-19 Small Business Loan?				
Date rec:/ \$				

Have any amounts of Covid-19 support payments been repaid back?					
Please provide details of payment and reason for repayment					
Date paid back:// \$	Reason:				
			<del></del>		
Loan Statements				<u> </u>	
Supply a copy of any loan transaction statements for the final your balance date, including loans that have been refinanced the year.					
Interest and Dividend Certificates		· · · · · · · · · · · · · · · · · · ·			
Supply copies of certificates.					
Lease details		1			
Supply copies of lease agreements for non-building assets (e vehicles, equipment).	.g. motor				
Foreign Income		· · · · · · · · · · · · · · · · · · ·			
Details of any foreign income received, and any tax deducted	from this.				
Accounts Receivable (Debtors) – see attached Sche	edule 1	l			
All accounts or amounts owing to you at balance date should Exclude bad debts. To enable bad debts to be excluded from must be written off prior to balance date.			Total at Balance Date: \$ GST Included  Excluded		
Accounts Payable (Creditors) – see attached Schedule 2					
All accounts or amounts owing by you at balance date should indicating name of creditor, amount and what the debt is for.	be scheduled		Total at Balance Date:  \$ GST Included  Excluded		
Conital France diture					
Capital Expenditure					
Attach details of assets purchased or sold during the year suc vehicles, plant and equipment and properties. Where applica provide the following details:					
<ul> <li>Hire purchase or loan agreements</li> </ul>					
Lease agreements  All least statements and agreements					
<ul><li>All legal statements and agreements</li><li>Trade-in details</li></ul>					
<ul> <li>Lost, stolen or scrapped items</li> </ul>					
<ul> <li>Insurance pay out</li> </ul>					
<ul> <li>Copy of Tax Invoices</li> </ul>					
Other Taxable or Non-Taxable Income					
Did you receive income from any other sources either taxable	or non-taxable?				
If Yes, please provide details (e.g. Uber, Airbnb, services throsuch as Pocket Job, Airtasker etc).	ough platforms				
Legal and Loan Documents					
Please attach any solicitor's statements and Sale and Purcha relating to any legal transactions during the year. Please also Statements and Agreements relating to any mortgages, hire por loans.	include				

Business Expenses	
There are a number of invoices that we specifically require. Please ensure the records you provide us with include all paid accounts for:	
<ul><li>Insurance premiums</li><li>Legal fees</li><li>ACC payments and arrangements</li></ul>	
Gifting Programme	
	D
Please advise details of gifts made to your trust during the financial year. If you have copies of the gifting documentation from your solicitor, please attach.	Amount \$
Please provide an acknowledgement of debts if available.	
Major Transactions	
Please provide a list of any major transactions that have occurred during the financial year that affect the Trust.	
Residential Land Withholding Tax	
Have you sold residential property in New Zealand where Residential Land Withholding Tax has been deducted and paid to the IRD? If so, provide details e.g. IR1100 Residential land withholding tax return and other sale and purchase documents.	
Residential Property Sales	
Have you sold any residential property during the year (not otherwise detailed on the information provided)?	
If yes, when was the property purchased?	<del></del>
If it was purchased with 10 years of the sale date,	
what was the original purchase price	\$
and the sale price?	\$
<ul> <li>has it been used as your main home for the full time it has been owned? If not, please provide dates and details on the nature of the shared use.</li> </ul>	
Mortgage Interest Paid on Residential Properties	
Have you incurred interest on residential properties owned (which is not your main family home or a 'new build*')? Is the interest also against properties other than residential rentals? If so, please provide details of amount of interest and dates paid.	
* A new build is a self-contained residence that receives a Code Compliance Certificate confirming the residence was added to the land on or after 27 March 2020	

Thank you for completing this questionnaire Don't forget to sign it

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

Client Name	

Name of Debtor	Description of Sale	Code	Total Incl GST

Totals	

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

Name of Creditor	Description of Goods	Code	Total Incl GST

Totals	
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