

Individual Questionnaire – Investor

For the year ended 31st March 2019

Please ensure this questionnaire is completed and included with your records

Client Name:		Phone:
Balance Date:		Cellphone:
Email:		
Physical Address:		
Postal Address:		

To: Tax Matters Limited

You are hereby authorised to communicate with my/our bankers, solicitors, finance companies and all government agencies to obtain such information as you require in order to carry out the preparation of my/our financial statements and tax returns.

I/We authorise you to act as my/our Agent for Inland Revenue Department matters, and to have access to all tax types and all tax information pertinent to the completion of my financial statements and tax returns.

Signature: _____ Date: _____

Records Required	<input checked="" type="checkbox"/>	Comment
From 1 st April 2018 to 31 st March 2019		
Interest Received		
An RWT Deduction Certificate (IR15) will be sent to you by your bank, or other financial institutions, indicating the amount of tax deducted from interest received. We require these for joint accounts also.	<input type="checkbox"/>	
Dividends Received		
A dividend payment advice will accompany dividend cheques indicating withholding tax deductions or imputation credits. <u>Note payment dates should be between 1/4/2018 and 31/3/2019</u>	<input type="checkbox"/>	
Other Income & Expenses – please attach		
Self Employed Income Please complete Sole Trader Questionnaire	<input type="checkbox"/>	

<p>Rents Received Please complete Rental Questionnaire</p> <p>Partnerships/Trusts/Estates/Other Companies Income from Partnerships/Trusts/Estates/Other Companies, where accounts are prepared by another accountant</p> <p>Investment Portfolios Copy of investment portfolio including fees paid.</p> <p>New Zealand Investments Details of all New Zealand Investments</p> <p>Overseas Income Details of all foreign investments and pensions.</p> <p>Income Protection Insurance Please supply details of Income Protection Insurance paid during the financial year</p> <p>Other Expenses Please supply details of any other expenses incurred e.g Accounting</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	
Donations		
<p>Attach all receipts for donations to schools, churches, charitable organisations. Minimum donation is \$5. Note, receipts must be signed by an authorised person & show a stamp or letterhead.</p>	<input type="checkbox"/>	<p>\$_____</p>
Working for Families Tax Credits		
<p>Please supply full names and birth dates for all children. Note the following;</p> <ul style="list-style-type: none"> • If you had a child born within the current financial year, you may be eligible for the Parental Tax Credit, please include a copy of the child's birth certificate <u>OR</u> their IRD number if you already have one. • Where a child became financially independent during the current financial year, please advise the date they left school. <p>Please provide details of any maintenance payments made or received during the year.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	

<u>Childs Name</u>	<u>IRD No.</u>	<u>Date of Birth</u>	<u>Date left School</u>

Other Information
Details of anything else we should be aware of in relation to the preparation of your accounts

14. Final Accounts

Would you like to receive your final accounts printed and bound, then posted to you? Or would you like a PDF file emailed to you?

- Accounts bound and posted PDF file emailed

If you have any questions regarding this form, please do not hesitate to contact us:

Please return this slip and all necessary documents to us in person at our physical address, via post, fax or email.

Tax Matters Limited

Physical: Unit 3/245 St Asaph Street Christchurch 8011 or

Postal: P O Box 13400, Armagh, Christchurch 8141

Phone: (03) 366 6115

Fax: (03) 366 4798

Email: debbie@taxmatters.net.nz

**Thank you for completing this questionnaire
Don't forget to sign on page 1**