

Company Questionnaire

Client Completes Own GST Returns

For the year ended 31st March 2021

Please ensure this questionnaire is completed and included with your records

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

To: Tax Matters Limited

You are hereby authorised to communicate with my/our bank, 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
Bank statements, cheque butts, Cash Manager etc		
Where you use an accounting system please provide a copy or access <ul style="list-style-type: none"> • Final bank statement for year for all bank accounts • Transaction listing for Accounts Payable and Accounts Receivable as at balance date 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Password:
Where no Cashbook is supplied, please provide and include the month past balance date: <ul style="list-style-type: none"> • Bank statements including any savings account or term deposit • Cheque and deposit butts showing the nature of each payment/deposit • Receipt books. Make sure any items not for business sales are clearly marked • Suppliers invoices filed in cheque number order 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

<p>Or, Where you supply a <u>written Cashbook</u>, please provide and include? the month past balance date:</p> <ul style="list-style-type: none"> • Cashbook, written up, analysed and reconciled to the bank statements monthly • Bank statements including any savings account or term deposit • Cheque and deposit butts showing the nature of each payment/deposit. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Loan Statements		
<p>Supply a copy of any loan transaction for the financial year up to your balance date.</p>	<input type="checkbox"/>	
Employers – Wages paid to Employees		
<p>Please send a month-by-month summary of gross wages and PAYE deductions as returned to the IRD OR Send a copy of your Employer Monthly Deduction Schedule (IR348)</p>	<input type="checkbox"/> <input type="checkbox"/>	
Goods & Services Tax (GST) Returns		
<p>Supply copies of GST returns and Workpapers</p>	<input type="checkbox"/>	
Fringe Benefit Tax (FBT) Returns		
<p>Supply copies of FBT Returns and Workpapers</p>	<input type="checkbox"/>	
Interest and Dividends Received		
<p>Supply copies of certificates/dividend advice notes, <u>Note payment dates should be between 1/4/2019 & 31/3/2021</u></p>	<input type="checkbox"/>	
Accounts Receivable (Debtors) – see attached Schedule 1		
<p>All accounts or amounts owing to you at balance date should be scheduled. OR Where an accounting software package is used, please include Debtors Report as at balance date</p>	<input type="checkbox"/> <input type="checkbox"/>	<p>Total at Balance Date: \$ _____ GST Included <input type="checkbox"/> GST Excluded <input type="checkbox"/></p>
Accounts Payable (Creditors) – see attached Schedule 2		
<p>All accounts or amounts owing as at balance date should be scheduled OR Where an accounting software package is used, please include Creditors Report as at balance date</p>	<input type="checkbox"/> <input type="checkbox"/>	<p>Total at Balance Date: \$ _____ GST Included <input type="checkbox"/> OR GST Excluded <input type="checkbox"/></p>

Bad Debts		
Please provide a schedule for Bad Debts Written Off during the Year (Remember, Bad Debts need to be written off the debtors ledger before balance date to be tax deductible in that year)		Total at Balance Date: \$ _____ GST Included <input type="checkbox"/> OR GST Excluded <input type="checkbox"/>
Donations		
Please provide valid receipts. Note, this must be signed by an authorised person & show a stamp or letterhead.	<input type="checkbox"/>	
Cash on Hand		
Cash on Hand* \$ _____ Date Banked __/__/_____ Petty Cash \$ _____ Till Floats/Cash Float \$ _____ * (Include cash sales prior to balance date but not banked until after balance date)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Stock on Hand		
Stock must be physically counted and adequate records retained to substantiate the physical count. Stock on hand should be valued at the lower of cost, market selling value or replacement value.	<input type="checkbox"/>	\$ _____ GST Included <input type="checkbox"/> OR GST Excluded <input type="checkbox"/>
Work In Progress		
Work in Progress should be valued at cost of materials, direct labour and factory overheads less any progress payments.	<input type="checkbox"/>	\$ _____ GST Included <input type="checkbox"/> OR GST Excluded <input type="checkbox"/>
Overseas Travel		
Diary must be included		

Capital Expenditure

Attached details of **assets purchased or sold** during the year such as motor vehicles, plant and equipment and properties. Where applicable, please provide the following details

- Hire purchase or loan agreements
- Lease agreements
- All legal statements, agreements and solicitors invoices
- Trade-in details
- Lost, stolen or scrapped items
- Copy of Tax Invoices
- Valuations

Transactions Not Through the Business

Were all sales banked into your business trading bank account? i.e cash

Yes No

If No, list amounts and where they were lodged or how they were spent

\$ _____

Legal Documents		
Please attach all solicitors statements and copies of any invoices for transactions not covered under Capital Expenditure	<input type="checkbox"/>	
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 style="list-style-type: none"> • Insurance premiums • Legal fees • ACC payments and arrangements 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Entertainment		
Have you kept suitable records of the reason for the expense and the person being entertained?	<input type="checkbox"/>	
Personal Use Adjustments		
Portion of expenses paid by the business to be allocated as personal; <ul style="list-style-type: none"> • Telephone/Internet • Power • Insurance • Value of goods taken for private use 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Expenses paid in Cash or from you own funds		
Please provide a list if applicable.	<input type="checkbox"/>	
Motor Vehicles	Home Office Expenses	
<p>The proportion of motor vehicle business use as established by your vehicle log book(s) is/are:</p> <p>Vehicle Description: _____</p> <p>Business _____ km</p> <p>Total _____ km</p> <p>Percentage Business _____ %</p> <p>Vehicle Description: _____</p> <p>Business _____ km</p> <p>Total _____ km</p> <p>Percentage Business _____ %</p>	<p>If part of your home is set aside principally for use as an office/workshop/storage area, please provide the following details for the year:</p> <p>Area used for business _____ m2</p> <p>Total area of house & workshop _____ m2</p> <p>Power \$ _____</p> <p>Insurance \$ _____</p> <p>Rates \$ _____</p> <p>Mortgage Interest/Rent \$ _____</p> <p>Total \$ _____</p>	

Donations/ Other Information

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

Covid-19 Wage Subside/Leave Subsidy

Please advise if you applied for the wage or leave subsidy. Details of application/funding received.	<input type="checkbox"/>	
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General	Yes	No
Do you require your accounts by a specific date?	<input type="checkbox"/>	<input type="checkbox"/>
Has your address changed during the period?	<input type="checkbox"/>	<input type="checkbox"/>
Has your contact phone number changed during the period?	<input type="checkbox"/>	<input type="checkbox"/>
Has the nature of your business changed over the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide a bank account number for any tax refunds to be credited		

We will email you a PDF copy of your accounts. If you require a printed copy, please advise.

Accounts bound and posted

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 or email.

Tax Matters Limited

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

Postal: P O Box 13400, City East, Christchurch 8141

Phone: (03) 366 6115

Email: debbie@taxmatters.net.nz

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

Can we assist you in any way, or is anything you would like to discuss:	Yes
Assistance with tax planning	<input type="checkbox"/>
Would you like Tax Matters to look after GST/RWT/Payroll returns (if not already)	<input type="checkbox"/>
Assistance with budgets / cashflow forecast	<input type="checkbox"/>
Preparation of regular financial reports (monthly, quarterly)	<input type="checkbox"/>
Regular meetings to improve business performance	<input type="checkbox"/>
Identifying your future direction with a strategic plan and a business plan	<input type="checkbox"/>
Assistance with a succession plan	<input type="checkbox"/>
Preparation of business for sale	<input type="checkbox"/>
Due diligence for purchase of a business	<input type="checkbox"/>
Any accounts receivable issues you would like assistance with resolving / collection	<input type="checkbox"/>
Funding requirements, working capital or asset finance	<input type="checkbox"/>
Any specific business problems you would like to discuss, or matters you wish to raise	<input type="checkbox"/>