

MCA Ltd Personal Questionnaire

Name: _____

To: **Mathieson Chartered Accountants Ltd**

Terms of Engagement

I/We hereby instruct you to prepare my/our Financial Statements and Taxation Returns for the 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 understand that you will rely upon the information provided by me/us. Your services are not intended to, and accordingly will not result in the expression by you of an opinion on the Financial Statements in so far as third parties are concerned, or in the fulfilling of any statutory audit requirements. I/We understand that during preparation of the Financial Statements and Taxation Returns you will not be specifically investigating non-compliance with laws and regulations – however should anything come to light of this nature during this process, you will bring that to my/our attention.

I/We understand that the Financial Statements and Taxation Returns are prepared for my/our own use and to determine my/our taxation liabilities. If this should change in any material respect, I/we will inform you immediately. You will not accept any responsibility to any person, other than me/us, for the contents of the Financial Statements.

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.

If I/We also accept that you have the right to charge interest on overdue accounts, and that all accounts are due for payment 14 days after the date of the invoice or 20th of the following month if you are on a Direct Debit. 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.

If I/we have also instructed you to prepare our GST Returns on a regular basis, then I/we accept that it is my/our responsibility to advise you of all relevant transactions on a timely basis as well as obtain valid tax invoices that comply with the GST legislation.

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.

Authority to Act on Behalf

You are hereby authorised to communicate with my/our bankers, solicitors, financial institutions, government agencies and any other entity to obtain such information as you require in order to complete the above assignments.

Signature _____ Date _____

Do we have your latest details? Yes (tick) or if any changes please fill out below

Postal Address: _____

Physical Address: _____

Phone No: _____ Fax No: _____

Mobile No: _____ Email Address: _____

Additional Info:

Tick if you would like to receive future client questionnaires electronically

Tick if you would like to receive email updates/newsletters from MCA Ltd

Tick if you would like us to supply a copy of your Financial Statements to your bank

Name of Bank _____ Branch _____

Contact Person _____ Email Address _____

Please complete with information we need for your Personal Income Tax Return

Information to send:

- | | | | |
|--|--------------------------------|---------------------------------|---|
| 1. Did you receive interest or dividends? | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> | End of year interest/dividend statements |
| 2. Are you a shareholder or director of a company that we do not act for? | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> | Name and contact details for the accountant preparing financial statements for each other entity |
| 3. Do you receive income from an Estate, Trust, Partnership or Business that we do not act for? | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> | Name and contact details for the accountant preparing financial statements for each other entity |
| 4. Do you receive rental income? | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> | Complete a Rental Supplement
Complete Table A with home office details |
| 5. Do you have a student loan? | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> | |
| 6. Do you use the services of a portfolio advisor? | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> | Portfolio advisor annual statements |
| 7. Do you have investments in PIEs?
(Portfolio Investment Entities) | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> | PIE end of year advice slips |
| 8. Do you have any overseas investments? | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> | Provide details of:
Investment name, Country of origin, Type of investment, cost price and market value at balance date
Details of any sales/purchases for the year
Investment broker statements |
| 9. Did you receive any other overseas income? (e.g. interest or dividends, salary or wages, self employment, pensions, annuity or superannuation scheme) | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> | End of year interest statements
Dividend statements
Details and documentation for any other income received |
| 10. Did you receive any income from the following sources?
Sale of Land and Buildings
Sale of NZ shares, bonds or other investments
Employee share option program
Share options
Any other income (e.g. Royalties) | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> | Details and documentation for any other income received |
| 11. Did you incur any expenses relating to earning your income? | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> | Confirmation of any premiums paid for income protection insurance.
Details and invoices for other expenses, including interest paid. |
| 12. Did you make any donations during the year? | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> | Donation receipts/School Donations |
| 13. Eligibility for Working for Family Tax Credits (family assistance) | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> | Please complete Table B below |

14. Any other relevant information that may be helpful to us

Table A – Home office/Workshop expenses

The annual total expense of:

Insurance	
Interest (on mortgage)	
Power and gas	
Rates and water rates	
Repairs and maintenance	
Rent (if property is not owned)	

Personal Telephone & Internet charges

Annual telephone rental	
Annual internet charges	
Business related toll calls	

Or Business Use _____%

If you have not previously supplied these details or there have been any changes in the past year, please provide the following information:

Total floor area of the house	
Total floor area used for business purposes	
Total original cost of the property (if owned)	
Last valuation of the property (if owned) – Land	
Last valuation of the property (if owned) - Buildings	

Table B – Working for Families Tax Credits

Details of any children aged 15 or under, or any children aged 15-18 that are still at school

	Name	Date of Birth	IRD Number
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			

Do any of the following apply, if so, please provide details:

	No	Yes
Do you have a spouse/partner for whom we do not prepare accounts for?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your partner receive any child support/family assistance payments during the period?	<input type="checkbox"/>	<input type="checkbox"/>
Has there been any change in family circumstances? (i.e. married, separated)	<input type="checkbox"/>	<input type="checkbox"/>
Did you share custody of your child(ren) with anyone other than your partner?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your partner pay or receive maintenance to/from another person during the year?	<input type="checkbox"/>	<input type="checkbox"/>
For any week during the year, did you work 20 hours or more if single, or combined with your spouse/partner 30 hours or more?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your partner a settlor of an income earning trust, for which we do not act?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your partner or shareholder in a close company for which we do not act?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your partner receive any attributable Fringe Benefits as a shareholder employee from a company for which we do not prepare the accounts?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your partner's company/trust make an Income Equalisation Scheme deposit?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your partner receive any annuity from a life insurance policy or pension from a superannuation fund (excluding NZ Super) during the period?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your partner receive any other payments whose total amount for the period exceeds \$5,000 that were used to meet the family's day to day expenses?	<input type="checkbox"/>	<input type="checkbox"/>
Did your child(ren) receive any income totalling more than \$500 from interest, dividends, PIE distributions, Trust distributions, or any other passive income?	<input type="checkbox"/>	<input type="checkbox"/>

Please complete a Rental Supplement for each property you own

Name: _____

Year Ended: _____

Address of the Property: _____

- | | | | | |
|----|---|--------------------------------|---------------------------------|---|
| 1. | Did you receive rental income or have expenses for the year? | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> | <i>Information to send:</i>
Details of income & expenses or Property Managers report or complete Table A below |
| 2. | Was the property available to be rented? | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> | No of weeks available _____ |
| 3. | Did you carry out repairs prior to the property being rented? | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> | Invoices or details of repairs over \$500 |
| 4. | Do you occupy all or part of the rental property at any time during the year? | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> | No of days _____
Or percentage occupied _____ |
| 5. | Have you purchased fixed assets during the year over \$500 (GST exclusive)? | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> | Copies of invoices |
| 6. | Was the rental property purchased or sold during the period? | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> | Legal documentation
Settlement Statement
Sale and Purchase Agreement
Valuation Report
Chattels report or complete Table B |
| 7. | Was the sale or purchase made to/from a related entity? | No
<input type="checkbox"/> | Yes
<input type="checkbox"/> | Details of the relationship |

Table A – Rental Income and Expenses

Rental income for the year	
Rental expenses	
Advertising	
Agent Fees	
Body corporate fees	
Insurance	
Interest on mortgage	
Lawns and gardening	
Motor vehicle use for rent collection or maintenance (no of kms)	
Rates	
Repairs and Maintenance	
Other _____	
Other _____	
Other _____	

Table B – Chattels report (only applies to first year of rental property)

If you do not have a chattels report for the various items listed below, please provide details of the items and your own assessment of their value as second hand items.

Carpets	\$	Light fittings	\$
Clothes dryer	\$	Refrigerators	\$
Curtains/Drapes	\$	Stoves	\$
Dishwashers	\$	Televisions	\$
Freezers	\$	Vacuum Cleaners	\$
Furniture (loose)	\$	Washing Machine	\$
Heaters	\$	Water Heaters	\$
Heatpumps	\$	Other: _____	\$