

# ANNUAL CLIENT QUESTIONNAIRE - Individual

Name: .....

IRD Number: ..... Year End: .....

Phone Number: .....

E-mail Address: ..... Date of Birth: .....

**INSTRUCTIONS:**

Please tick all sections either **YES** or **NO**. If you are unsure tick the box marked **?** and we can contact you to discuss further.

**Important:** Where you tick **YES** please provide all **relevant documents**.

Please note we welcome and encourage you to email all appropriate information to us at [jobreceipting@gra.co.nz](mailto:jobreceipting@gra.co.nz)

When you have completed the Questionnaire please sign and date the last page as well.

*If you are self-employed or own Rental Property personally please complete the Trading Entity Questionnaire.*

*If your contact details have changed in the last 12 months, please tick if applicable and provide details*

1. Income (Please provide copies of relevant documents)	YES	NO	?
✓ PLEASE TICK ONE			
Salary / Wages (we can obtain these details from IRD on your behalf) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest (received from savings accounts, term deposits etc) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dividends .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income earned from overseas sources .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Expenses (Please provide copies of relevant documents)	YES	NO	?
✓ PLEASE TICK ONE			
Income Protection Insurance (please provide copy of policy and/including confirmation of premiums) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment Expenses (expenses incurred as a result of personal investment activity but not captured elsewhere e.g. business mentors, share monitoring etc) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Other Income (Please provide copies of relevant documents)	YES	NO	?
✓ PLEASE TICK ONE			
Partnerships .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trusts .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shareholder salaries .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAQC/LTC losses .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please provide details) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Donations rebate and Child Care Tax Credit (Rebate)	YES	NO	?
✓ PLEASE TICK ONE			
Please provide copies of receipts .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you the principal caregiver? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Student loan

YES NO ?

✓ PLEASE TICK ONE

Do you have a student loan?

Have you made any voluntary payments during the year?

6. Working for Families

YES NO ?

✓ PLEASE TICK ONE

Would you like us to estimate your Working for Families Tax Credits?

To calculate your entitlement to Working for Families please answer the following:

Have you received Working for Families payments during the year?

Please state how many hours per (You) (Spouse) week worked on average

Numbers of weeks worked (You) (Spouse)

Spouse name: Date of birth: IRD no:

Child name: Date of birth: IRD no:

Child name: Date of birth: IRD no:

Child name: Date of birth: IRD no:

Child name: Date of birth: IRD no:

Child name: Date of birth: IRD no:

Have any children come into your care? Have you received paid parental leave? Please provide details:

.....  
.....

Have any children left your care? Please provide details

.....  
.....

Do you pay or receive any child support payments?

7. Other

Is there any other information you think we should know when preparing your tax return? If so, please comment:

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

## 8. DECLARATION

- (a) I confirm that I have provided you with all the relevant information for the preparation of my Financial Statements and tax returns. I hereby instruct you to prepare any Financial Statements and tax returns on a special purpose-reporting basis to comply with the requirements of the Income Tax Act. I understand that the Financial Statements should not be relied on for any other purpose and as a result may not comply with Generally Accepted Accounting Principles.
- (b) I accept responsibility for the accuracy and completeness of the information supplied above. You are not to complete an Audit, nor do I wish you to undertake a detailed review of my affairs in order to substantiate the accuracy of my information and therefore you are unable to provide any assurance of my Financial Statements. I understand your work cannot be relied on to detect error and fraud and that you accept no liability for any losses, claims, and demands by any third party.
- (c) I also accept responsibility for all other records and information supplied to you other than those listed below. I accept accountability for any failure by me to supply all relevant records and information to you for the preparation of the Financial Statements. I understand that the onus for tax liability ultimately rests with me and that I should be accountable for meeting my tax liabilities.
- (d) You are authorised to contact banks and/or relevant parties to obtain missing information. Naturally, I will reimburse your firm for any incidental cost in doing so.
- (e) I authorise you to act as my agent with the Inland Revenue Department and to link myself and related entities to your agency list. I also authorise you to transfer any tax refund to my spouse/partner where they may have tax to pay.
- (f) I acknowledge your invoice is due for payment upon receipt unless prior arrangements have been agreed upon beforehand. I understand interest may be charged on overdue accounts.
- (g) I have read and agree to the Standard Engagement Terms for the Provision of Services by Gilligan Rowe & Associates Ltd as available on your website. I also acknowledge that these terms may change from time to time (at least 6 monthly) and I will let you know should I disagree with any condition of service. If I don't contact you, you may assume that I agree with your terms.
- (h) **GILLIGAN ROWE & ASSOCIATES LIMITED hereby gives notice to the client that on 1 April 2011 changed its trading entity to a Limited Partnership (LP), such entity having the same management and effective ownership as Gilligan Rowe & Associates Limited.**

In signing this annual client questionnaire, the client agrees that any reference in any document hereafter to Gilligan Rowe & Associates Limited shall mean Gilligan Rowe & Associates LP and the client agrees to and acknowledges the assignment of all contracts, agreements and obligations between the client and Gilligan Rowe & Associates Limited to the Limited Partnership known as Gilligan Rowe & Associates LP from 1 April 2011.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*Your time and effort in completing this form is much appreciated by the team at GRA.*



**GILLIGAN ROWE + ASSOCIATES**

TEL: +64 9 522 7955 | FAX: +64 9 522 7970 | WEB: [www.gra.co.nz](http://www.gra.co.nz)