

Name:

Financial Statements Questionnaire

BUSINESS

Please complete this questionnaire, sign over the page and return with your records.

Information we need	Y\N\n/a	Comment
Accounting Records - Written cashbook – reconciled to bank statements (to be included) - Or Computerised accounting records <ul style="list-style-type: none"> • Backup at year end/ or email file to us • Password for back up files: _____ 		
Loan Statements		
Wages paid to Employees – Wage Book and IR348's		
Fringe Benefit Tax (FBT) Returns		
Interest, Dividend and Rebate Certificates – including confirmation of shares held.		
Overseas income - including interest and dividend certificates, changes in overseas shareholding.		
Bank Statements – Proving closing balance of bank account/s		Please attach statements
Accounts Receivable (Debtors)		Please attach a schedule
Accounts Payable (Creditors)		Please attach a schedule
Cash on Hand at balance date		\$
Petty Cash at balance date		\$
Stock on Hand		\$ GST Incl <input type="checkbox"/> Excl <input type="checkbox"/>
Work in Progress – include material costs, labour costs and overhead costs		\$ GST Incl <input type="checkbox"/> Excl <input type="checkbox"/>
Capital Expenditure – invoices for assets purchased/sold during the year.		Please enclose invoice/s
Transactions Not Through the Business Were all sales and purchases banked/withdrawn into/from your business trading bank account/s? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, list amounts and where they were lodged (eg personal account):		Please attach a schedule
Legal and Loan Documents Please attach any solicitor's statements and Sale and Purchase Agreements relating to any legal transactions during the year. Please also include Statements and Agreements relating to any mortgages, hire purchases, leases or loans. Please include a copy of your latest Quotable Valuation for any properties you own.		
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 		Please enclose invoice/s
Private Use and value of goods taken at cost.		\$
Motor Vehicles – Business percentage as per log book		%
Home Office Expenses – Percentage of home used for business.		%
Direct house costs (eg insurance, power, rates, interest on mortgage)		\$
Any other information – please attach details you think may be relevant		

To: **Amy Kerr & Associates Limited**

Terms of Engagement

IRD Authority: I/We give authority to Amy Kerr and Associates Limited to act on my behalf for all tax types (except child support) until further notice. This includes obtaining information through all Inland Revenue media and communication channels including electronic ones.

Third Party Authority: I/We give authority to Amy Kerr and Associates Ltd to contact the Bank and other entities for the purposes of obtaining information necessary to complete the tax returns/Financial Statements. This includes via all channels including electronic means and accept that this Statement document may be used to obtain this information.

Accident Compensation Corporation (ACC) Authority: I/We authorise Amy Kerr and Associates Ltd to act as my/our agent for ACC levy purposes and for all associated entities. This authorisation allows Amy Kerr and Associates Ltd 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 the organisations' main representative discretion to delegate access to my/our ACC information to other members of the organisation. Other delegated members of the organisation will also be able to query and change information on my/our ACC levy account(s).

I/We have signing authority and agree to the attached Terms of Engagement and above IRD, Third Party and ACC Authority. The terms recorded in this letter will be effective for this and all future engagements that are similar in nature unless we advise you of any change in our arrangements.

SIGNED:

Full Name:

Date:

Please confirm the details to the right are correct	work phone		
	Home phone		
	mobile		
	email		

Convenient time to call you is:	
Alternative phone numbers are:	
Would you like us to supply a copy to your bank?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Tick One)
If your accounts are to be supplied to your bank, please advise the name of your current bank manager:	

Signature _____

Date _____

Please sign and return this questionnaire with your information.