

**Name:**

## Individual Questionnaire

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

Information we need	Y\N\n/a	Comment
<p><b>Wages/National Superannuation/Benefits</b></p> <p>In most cases IRD will have sent us these details direct, however we do need to check all details have been included</p>		
<p><b>Student Loan</b></p> <p>Do you have a student loan</p>		
<p><b>Interest and Dividends</b></p> <p>Certificate and Dividend <b>Statements</b></p>		
<p><b>Partnerships, Trusts, Estates and Companies</b></p> <p>Please supply details of income received (if we do not complete the tax returns for these entities)</p>		
<p><b>Overseas Income – interest, dividends, wages received</b></p> <p>If Yes, please provide details of the value and quantity of the investments held at any time during the financial year. Please provide the date, value and details of any purchases, sales and income (dividends).</p> <p>Please attach all of your investments advisor's reports. This information is required so we can calculate if any income needs to be declared under the FIF (Foreign Investment Fund) rules.</p>		
<p><b>Foreign Superannuation Payments</b></p> <p>Attach details of any foreign superannuation payments you have received</p>		
<p><b>Any Other Income</b></p> <p>Attach details</p> <ul style="list-style-type: none"> <li>▪ Income Replacement Insurance Policy – provide details of premiums and claims.</li> <li>▪ Look Through Company – if you have been allocated a share of profit/loss other than from a company that we are aware of, please provide details</li> </ul>		
<p><b>Working for Families Tax Credits and Parental Tax Credits</b></p> <p>Please complete for all your children:</p>		
<p><b>Child's Name</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>IRD No.</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Date of Birth</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Date left School</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p><b>Also Please provide:</b></p> <ul style="list-style-type: none"> <li>▪ Any child support or maintenance payments made or received</li> <li>▪ Other payments received by family members exceeding \$5,000</li> <li>▪ Any income received by your children</li> <li>▪ Income/Drawings received from a Trust, including any school fees paid by the Trust</li> <li>▪ Any other monies received e.g. loans/gifts from family Companies or Trusts</li> </ul>		

<b>Donations Tax Rebates</b> Have you any rebates to claim? If so, please attach receipts.			
<b>Deposit Slip</b> Deposit slip so Tax Refund may be direct credited to your bank account.			
<b>Expenses</b> Fee paid for preparation of your return and financial statements. Expenses relating to the monitoring of a financial/investment plan. Other expenses. <i>* Continue on separate sheet if necessary.</i>	<b>Total Expenses</b> \$ \$ \$	<b>Details Attached</b>	

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		

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please sign and return this questionnaire with your information.**