

Name:

Financial Statements Questionnaire

TRUST

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

Information we need	Y\N\n/a	Comment
<p>Accounting Records</p> <ul style="list-style-type: none"> - 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: _____ 		
<p>Loan Statements -Supply a copy of any loan statements for the financial year up to your balance date.</p>		
<p>Interest, Dividend and Rebate Certificates – including confirmation of shares held.</p>		
<p>Overseas Income - including interest and dividend certificates, changes in overseas shareholding.</p>		
<p>Bank Statements – Proving closing balance of bank account/s</p>		Please attach statements
<p>Accounts Receivable (Debtors)</p>		Please attach a schedule
<p>Accounts Payable (Creditors)</p>		Please attach a schedule
<p>Capital Expenditure – invoices for assets purchased/sold during the year</p>		Please enclose invoice/s
<p>Legal and Loan Documents</p> <p>Please attach any solicitor's statements and Sale and Purchase Agreements relating to any legal transactions during the year.</p> <p>Please also include Statements and Agreements relating to any mortgages, <u>hire purchases</u>, leases or loans.</p> <p>Please include a copy of your latest Quotable Valuation for any properties you own.</p>		
<p>Business Expenses</p> <p>There are a number of invoices that we specifically require. Please ensure the records you provide us with include all paid accounts for:</p> <ul style="list-style-type: none"> ▪ Insurance premiums ▪ Legal fees ▪ ACC payments and arrangements 		Please enclose invoice/s
<p>Gifting – details of gifts made/received during the year</p>		
<p>Major Transactions - Please provide a list of any major transactions that have occurred during the financial year that affect the Trust.</p>		
<p>Any other information – please attach details you think may be relevant</p>		

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**