

## 2022 Personal Questionnaire

|   |                                |  |           | 1    |
|---|--------------------------------|--|-----------|------|
| Name:   |                                |  |           |      |
| Email:  |                                |  |           |      |
| Phone:  |                                |  |           |      |
| IRD number:   |                                |  |           |      |
| Date of birth:  |                                |  |           |      |
| Names of children & years of birth:   |                                |  |           |      |
| Bank account no (for IRD refunds):  |                                |  |           |      |
| Please check the list below to ensure you have provided all the applicable information. Incomplete information may cause processing delays and an increase in cost. |                                |  |           |      |
| Records Required  |                                |  | Comment   |      |
| Wages/National Superannuation   | n/Benefits                     |  |           |      |
| Please tick if applicable:  |                                |  |           |      |
| <ul> <li>Wages</li> </ul>   |                                |  | ☐ Yes     | □No  |
| <ul> <li>ACC payments</li> </ul>  |                                |  | ☐ Yes     | □ No |
| <ul> <li>National Superannuation</li> </ul>   |                                |  | <br>☐ Yes | □ No |
|   | alabaila of all DAVE in a succ |  |           |      |
| Please note that we can obtain direct from IRD.   | details of all PATE income     |  |           |      |
| direct nontike.   |                                |  |           |      |
| Interest and Dividends  | <u>l</u>                       |  |           |      |
| For interest received, please supply a copy of RWT  |                                |  |           |      |
| certificates showing the withholding tax deducted.  |                                |  | ☐ Yes     | ☐ No |
| <ul> <li>If any dividends, please supply a copy of dividend</li> </ul>  |                                |  |           |      |
| ii arry arriadrias, pidaso sop  | priy a copy of aivideria       |  |           |      |
| statements  | phy a copy of aividena         |  | ☐ Yes     | □ No |
|   | phy a copy of aividena         |  | Yes       | □ No |

<sup>+64 9 366 6032</sup> 

<sup>@</sup> admin@pcca.co.nz

| Records Required  |   | Comment       |       |
|---|---|---------------|-------|
| Covid-19 Wage Subsidy and Small Business Loan                             | Ц |               |       |
| Have you received any Covid-19 wage subsidy and/or any                    | П | Date:         | \$:   |
| other Covid-19 support payments during the year? If yes,                  | Ш | Date:         | \$:   |
| please note all dates and receipts.                                       |   | Date:         | \$:   |
|   |   | Date:         | \$:   |
|   |   | Date:         | \$:   |
| Have you repaid any Covid Subsidies?                                      |   | Date:         | \$:   |
| Have you received the Government Small Business Loan?                     |   | Date:         | \$:   |
| Overseas Income   |   |               |       |
| Please provide details of:  |   |               |       |
| <ul> <li>Any overseas interest, dividends, wages received and</li> </ul>  |   |               |       |
| taxation paid.  |   |               |       |
| <ul> <li>Any overseas investments held at any time during the</li> </ul>  |   |               |       |
| financial year.   |   |               |       |
| Please attach all of your investment advisors' reports.                   |   |               |       |
| Have you at any point in your lifetime contributed to a foreign           |   | ☐ Yes         | ☐ No  |
| superannuation scheme, even if you cannot receive the                     |   |               |       |
| benefits until you retire?  |   |               |       |
| Partnerships, Trusts, Estates and Companies                               |   | I             |       |
| Please provide details of income earned from any entity for               |   |               |       |
| which we do not prepare the accounts and tax returns                      |   |               |       |
| Any Other Income  |   |               |       |
| Did you have in place any Income Protection Policies? - If                |   | ☐ Yes         | ☐ No  |
| "Yes" provide details of premiums and claims.                             |   |               |       |
| <ul> <li>Have you been allocated a share of a loss of any Look</li> </ul> |   | □ Yes □       | ∏ No  |
| Through Companies (other than from a company that we                      |   | <u> П 163</u> | П 140 |
| are aware of)- If "Yes" please provide details.                           |   |               |       |
| Did you receive non-taxable income from any other                         |   | ☐ Yes         | ☐ No  |
| sources? - If Yes, please provide details.                                |   |               |       |

| Mixed Use Holiday Home  |          |          |      |
|---|----------|----------|------|
| Do you have a property (such as a holiday home or a bach) that is used privately and also to derive rental or BnB income?   |          | ☐ Yes    | □ No |
| If yes, provide address of the property:  |          |          |      |
| Was the property empty for 62 days in the income year?  |          | ☐ Yes    | □ No |
| If yes, please complete the following section so we can   |          |          |      |
| determine the amount of allowable deductions.   |          |          |      |
| Mixed Use Holiday Home – Additional Information   | <u>I</u> | <u> </u> |      |
| The number of days the property was <b>empty</b> during the income year   |          |          | days |
| The number of days the asset was used by family or associated persons* during the income year OR where income from any person received was less than 80% of market rate.  * Associated persons include close relatives, or if owned by an entity, persons associated with the entity owning the property. |          |          | days |
| The number of days the property was rented at market rate:  Please also complete a separate Rental Questionnaire,   |          |          | days |
| available on our website.   |          |          |      |
| Donations   | 1        | ı        |      |
| Would you want us to complete your rebate claim form?   |          | ☐ Yes    | □ No |
| If so, please attach receipts for all donations.  |          |          |      |

| Records Required   |   | Comments                                |  |  |
|--|---|---|--|--|
| Residential Land Withholding Tax   |   |   |  |  |
| Have you sold residential property in New Zealand where Residential Land Withholding Tax has been deducted and paid to the IRD?  If so, provide details e.g. IR1100 Residential land withholding tax return and other sale and purchase documents. |   | ☐ Yes ☐ No                              |  |  |
| Residential Property Sales   |   |   |  |  |
| Have you sold any residential property during the year (not otherwise detailed on the information provided)?  If yes, when was the property purchased and sold?  |   | ☐ Yes ☐ No  Date Purchased:  Date Sold: |  |  |
| Cryptocurrency   | , |   |  |  |
| Have you received or traded in cryptocurrency (or similar) during the income year?  If so, please provide full details of the type, dates, amounts in NZD, units traded and units held at year end.  |   | ☐ Yes ☐ No                              |  |  |

## **DECLARATION**

I accept responsibility for the accuracy and completeness of the information supplied in this questionnaire which is to be used in the preparation of my financial statements. 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 not asked to provide any assurance on my financial statements. I understand your work cannot be relied on to detect error and fraud and that you accept no liability for the accuracy and completeness of the information supplied by me. I further understand that the financial statements will be prepared at my request and for my purposes only and that you will not be liable for any losses, claims or demands by any third person. I also accept responsibility for all other records and information supplied to you other than those listed above. I accept responsibility for any failure by me to supply all relevant records and information to you.

I hereby authorise Phibbs & Co. Limited to obtain from any third party any records or information you require for the purpose of preparing my Financial Statements and Income Tax Returns and accordingly any such third party is authorised to provide you with information required.

| ny behalf for <b>all</b> tax types (except child support).  Ind Revenue about <b>all</b> tax types (except child in all Inland Revenue media and communications). |
|---|
| Date:   |
|   |
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