Individual Tax Return Questionnaire - 2020

Please ensure this questionnaire is completed, signed, and included with your records

Client Name		Phone:									
Balance Date	31 March 2020	E-mail:									
To: Harts Chartered Accountants											
I instruct you to prepare my taxation return for the 2020 year. I undertake to supply all information necessary for you to perform this work and will be responsible for the accuracy and completeness of such information. You are authorised to communicate with my bankers, solicitors, finance companies and all Government agencies to obtain such information as you require in order to complete the above assignment. I also authorise you to act as my agent in dealing with all taxation matters with Inland Revenue.											
Signature	Date _										
If sending this back by email, please type your name in above – otherwise sign it. By doing so, you are acknowledging that you accept the above terms and conditions of the engagement.											
Inland Revenue prefers to pay any refunds by direct credit. Would you please advise the bank account number you would like any refunds deposited in to: Account number:											
Records and In	formation Required	✓	Comments								
	our business changed in any way during If yes, please provide brief details.										
1. Wages / National Superannuation / Benefits YES / NO											
Please provide us following from:	with the names of any organisations you have received the										
Wages											
 Withholding paym 	nents										
ACC payments											
 National Superan 	nuation										
Any other benefits											
	d Revenue will have sent us these details direct however we I details have been included.										
2. New Zealand I	nterest and Dividends YES / NO										
Please supply the a	dvice slips.										
• For interest recei	ved, you should have an annual advice notice showing the educted. This may be on the bottom of your bank statement										
 Dividend advices 	including those taken as bonus shares.										
■ PIE advices or en	d of year summary										
■ Power company of											
	y shares released by employee share schemes ner & Paykel Healthcare employee share scheme.										

Records and Information Required	✓	Comments						
3. Overseas Income and Investments YES / NO								
Note: New Zealand residents are liable for tax on all worldwide income.								
Please complete the separate overseas income questionnaire and include: overseas interest, wages received, overseas pensions and taxation paid. dividend statements of any dividends received, or shares issued in lieu of dividends.								
To comply with rules for the taxing of overseas investment including various methods of calculating your Foreign Investment Income (FIF), please provide:								
 A list of all your overseas investments - include the cost, currency and date of purchase of those investments including foreign superannuation and life insurance schemes. 								
 If the <u>total</u> cost of all your overseas investments <u>exceeds NZ \$50,000</u> please provide the <u>market</u> value of your investments at the beginning and end of your income year. 								
There may be further information required once we have assessed what method of calculating your foreign investment income will apply.								
4. Rental Income / Mixed Use Holiday Home YES / NO								
If rent received exceeds \$4,000 please complete the separate questionnaires for each property.								
5. Did you have any income from short term rentals, i.e. Airbnb YE	S / N	10						
If yes, please supply details								
6. Have you bought or sold any property this year? YES / NO)							
If yes, please supply details								
7. Partnerships, Trusts, Estates and Companies YES / NO)							
Please supply details of income received if not prepared by Harts.								
8. Any Other Income / Deductions								
 Attach details of any other income, i.e. royalties, share options Income Replacement Insurance Policy – provide details of premiums and claims. Look Through Company (LTC) – if you have been allocated a share of a loss other than from a company that we are aware of, please provide details 								
Expenses incurred against withholding payments								
 Invoices for self-employed ACC premiums paid Were you working for more than 20 hours per week? YES / NO								
9. Student Loans								
I have a student loan								
10. Donations								
Do you want us to complete your rebate claim form? YES / NO If so, please attach receipts (include donations to school)								

11. During the year the following transactions took place:									
 Forgiveness of debt Property transactions I received proceeds from the sale of land/buildings (other than private dwelling) Please attach details]					
12. Working For Families Ta	x Credits / Parer	ntal Tax Credit	·						
If you or your partner had dep Tax Credits and Parental Tax			lease comp	olet	e the separa	te Workin	g for Families		
13. Home Office Expenses -	relating to busi	ness / self-empl	oyed / sh	are	holder emp	loyees			
Please note that this information only needs to be provided in one of your questionnaires									
If part of your home is set aside p		s an office/workshop/	ū		•	the followir	ng details:		
Power	\$								
Insurance (Building & Contents)	\$								
Interest (House Mortgage)	\$								
Rates	\$		Business A	usiness AreaM2		M2			
Repairs & Maintenance	\$								
Rent paid	\$	Total Area M2		M2					
Other	\$								
Total	\$								