

Trust Questionnaire – 2024

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

Client Name		Phone:	
Balance Date	31 March 2024	E-mail:	

To: Harts Chartered Accountants

I instruct you to prepare my financial statements on a compilation basis for the 2024 financial year.

I undertake to supply all records and information necessary to carry out this work and will be responsible for the accuracy and completeness of the records and information provided. I also accept responsibility for any failure by me to supply all relevant records and information and I understand that you will rely upon the information and records provided by me.

I also instruct you to prepare my taxation returns for the 2024 year. I undertake to supply all information necessary to perform this work and will be responsible for the accuracy and completeness of such information.

I understand that the financial statements and taxation returns are prepared for my own use and to determine my taxation liabilities. If this should change in any material respect, I will inform you immediately. I understand you will not accept any responsibility to any person, other than me for the contents of the financial statements.

I understand that all the other terms and conditions of the work to be performed are the same as those referred to in the terms of engagement letter that has been sent to me.

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 assignments.

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 Information Required:	✓	Comments:
1. Trustees / Settlor		
Please advise any changes in address and other circumstances	<input type="checkbox"/>	
2. Gifting Programme		
Please advise the date of gifts made to your trust during the financial year Please attach details of the gifting documentation from your solicitor	<input type="checkbox"/>	Date of gift _____
3. Minutes / Resolutions / Memorandum of Wishes		
Copies of any minutes, resolutions, or Memorandum of Wishes	<input type="checkbox"/>	
4. Bank Statements		
Copies of bank statements for all trust bank accounts Details of all transactions	<input type="checkbox"/> <input type="checkbox"/>	
5. Beneficiaries		
Where expenses have been paid on behalf of a beneficiary please indicate which beneficiary the expense relates to.	<input type="checkbox"/>	
6. New Zealand Investments		
Copies of certificates for interest and dividends Details of any sales, purchases and gifts of shares or other investments	<input type="checkbox"/> <input type="checkbox"/>	
7. Overseas Investments		
There are new rules for the taxing of overseas investment including various methods of calculating your foreign investment income (FIF). Please provide: Copies of certificates for interest & dividends. List all your overseas investments- include the cost, currency and date of purchase of those investments including foreign superannuation and life insurance schemes and property. Dividend statements of any dividends received or shares issues in lieu of dividends. There may be further information required once we have assessed what method of calculating your foreign investment income will apply.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
8. Have you bought or sold any property this year? YES / NO		
If yes, please supply details	<input type="checkbox"/>	

9. Rental Income or Mixed Use Holiday Home		
If applicable, please complete the separate questionnaires for each property	<input type="checkbox"/>	
10. Did you have any income from short term rentals, i.e. Airbnb YES / NO		
If yes, please supply details	<input type="checkbox"/>	
11. COVID-19 Support Payments		
a) Did you receive a COVID-19 support payment (CSP)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, how much \$ _____		
Was this banked into your business account	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b) Did you receive any COVID-19 leave support	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, how much \$ _____		
Was this banked into your business account	Yes <input type="checkbox"/> No <input type="checkbox"/>	
c) Did you receive the Small Business Cashflow Loan (SBCS)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, how much \$ _____		
Was this banked into your business account	Yes <input type="checkbox"/> No <input type="checkbox"/>	
12. Other Income		
Please provide details of any other income	<input type="checkbox"/>	
13. Major Transactions		
Please provide a list of any other major transactions that have occurred during the financial year that affect the Trust.	<input type="checkbox"/>	<hr/> <hr/> <hr/> <hr/> <hr/>