



Cabral Business Solutions Limited 2009 Individual Questionnaire

Update of Details

Name	_____		
Full Name of Partner	_____		
Postal Address	_____	Post Code	_____
Physical Address	_____	Post Code	_____
Email Address	_____		
Home Phone	_____	Fax	_____
Work Phone	_____	Mobile	_____
Date of Birth	Self _____	Partner	_____
Bank Account Number where you would like refunds deposited			
Name on Account	_____	Account Number	_____

Please take the time to complete this checklist as it is a very important part of the accounting process. It helps to:

- Identify and provide the information we need to prepare your financial accounts.
- Minimise the queries from us during the preparation of your financial accounts.
- Ensure we can complete your financial accounts in a timely manner.
- It also helps us meet the quality control standards.

This checklist is in several parts as detailed below. Please complete all of the compulsory sections. The other sections only need to be completed if they apply to you.

Section	Page	Status
Update of Details (<i>above</i>)	Page 1	Compulsory
Authority	Page 2	Compulsory
Terms of Engagement Confirmation	Page 3	Compulsory
Business Information Checklist	Pages 4 – 7	Compulsory
Rental Schedule	Form D	If Applicable
Family Tax Credits	Form E	If Applicable

Please sign the Authorisations on pages 2 - 3 as we are unable to start work until these have been signed by you.



Authorisation:

- 1) We confirm that the information supplied to you is accurate and complete in all respects.
- 2) We hereby authorise Cabral Business Solutions Limited to seek any additional information they may require for the purpose of preparing our financial statements and statutory requirements with the Inland Revenue and Registrar of Companies, from our Solicitor, Advisor, Employees, Bank or other financial institution and we hereby also authorise our Solicitor, Advisor, Employees, Bank or other organisation to supply such information.
- 3) We confirm for the purposes of the Privacy Act 1993 that the information contained in this questionnaire has been provided to Cabral Business Solutions Limited to enable them to fully advise and assist us in the management of our financial affairs and authorise Cabral Business Solutions Limited to utilise that information for that purpose in such manner as they may consider appropriate including, by way of example and not limitation; the preparation and completion of annual accounts and income tax returns and the provision of information to our banks, solicitors or other advisers.
- 4) We authorise Cabral Business Solutions Limited to act as our tax agent for all tax types and acknowledge that this will give access to our tax information held by the Inland Revenue Department, including authority to access to client linking services.
- 5) We advise you not to complete an audit or review. We accept responsibility for the accuracy and completeness of all records and information supplied to you.
- 6) If the signed Income Tax Return declarations are not received back in your office within 30 days, you may assume that we have signed the returns and you may file them with the Inland Revenue Department.
- 7) We confirm Cabral Business Solutions Limited's responsibilities are restricted to the analysis of the information we provided and the accuracy and completeness of the information. We are ultimately responsible for the provided information and any penalties and/or interest incurred by the Inland Revenue Department which results from omission and/or ambiguity of the information is our responsibility.

Signed: _____

Date: _____

Partner: _____

Date: _____



Terms of Engagement Confirmation

Name	_____
IRD Number	_____
Address	_____ _____
Phone	_____
Email	_____

I accept responsibility for the accuracy and the completeness of the information supplied to Cabral Business Solutions Limited which is used in the preparation of the Financial Statements. Cabral Business Solutions Limited is not to complete an audit or undertake a detailed review of my/our business affairs in order to substantiate the accuracy of the information, and therefore Cabral Business Solutions Limited is not to provide any assurance on the Financial Statements. I understand the work cannot be relied on to detect error and fraud and that I accept responsibility for the accuracy and completeness of the information supplied to Cabral Business Solutions Limited and that Cabral Business Solutions Limited or their agents will not be liable for any losses, claims, and/or demands by any third party resulting from this engagement.

I request that Cabral Business Solutions Limited compile my/our financial year end accounts and related income tax return(s) from the information that I have supplied. I have included income from all sources. I accept responsibility for any additional tax, penalties, and/or use of money interest imposed (by way of audit activity or otherwise) by the Inland Revenue Department resulting from information used to compile returns by Cabral Business Solutions Limited.

I accept that I have primary responsibility for meeting my/our tax obligations. These obligations include keeping the required records, ensuring tax returns are true and correct, filing my/our tax returns on time and meeting my/our tax payment obligations. I accept that considerable uncertainty can arise when applying tax law to specific situations and Cabral Business Solutions Limited cannot guarantee their advice will be accepted by the Inland Revenue Department.

I also give Cabral Business Solutions Limited full authority to contact my/our Bank, lawyer, WINZ, ACC and the Inland Revenue Department for any purposes relating to my/our affairs. This authority also applies for the Client Linking System with the Inland Revenue Department and Cabral Business Solutions Limited as tax agent for all tax types. I acknowledge that this information would not otherwise be available due to the Privacy Act restrictions, but I give full authority for this statement to be used as written confirmation of my/our agreement for Cabral Business Solutions Limited obtaining information from the Bank, lawyer, WINZ, ACC and the Inland Revenue Department which includes online services and Info Express for the above mentioned purposes.

I confirm the above authorisations and conditions of appointment and agree with the terms of the assignment as summarised above.

Authorised Signature(s) _____	Date _____
_____	Date _____

	INDIVIDUAL CHECKLIST	Self	Partner
1	<p>Income:</p> <p>Did you receive any income from salary, wages, ACC, social welfare benefits, or superannuation?</p> <p>If you received a "Summary of Earnings" or "Personal Tax Summary" from the IRD please forward this to us. However, in most instances the IRD will send this direct to us as your tax agent.</p>	YES / NO	YES / NO
2	<p>Rebate Information:</p> <p>If you were employed or self employed, how many weeks of the year were you employed for at least 20 hours per week?</p>	_____	_____
3	<p>Interest and/or Dividend Income:</p> <p>Did you receive any interest and/or dividend income during the year? <u>IF YES</u>, please provide interest and dividend advice notices.</p>	YES / NO	YES / NO
4	<p>Business Income:</p> <p>Did you receive any income from self employment or partnership?</p> <p><u>IF YES</u>, please complete the business checklist if we are completing these returns.</p>	YES / NO	YES / NO
5	<p>Trust, Estate or Overseas Income:</p> <p>Did you receive any other income, for example from: trusts, estates, overseas, annuity or pension?</p> <p><u>IF YES</u>, please provide details including details of tax paid on your behalf.</p>	YES / NO	YES / NO
6	<p>Other Income:</p> <p>Did you receive any income: e.g. grants, royalties, cash tips, etc?</p> <p><u>IF YES</u>, please provide details on a separate sheet.</p>	YES / NO	YES / NO
7	<p>Rental Income:</p> <p>Did you receive any rental income in your personal name?</p> <p><u>IF YES</u>, please complete our business questionnaire</p>	YES / NO	YES / NO
8	<p>Income Protection Insurance:</p> <p>Do you have Income Protection Insurance?</p> <p><u>IF YES</u>, please provide a copy of the invoice and policy or provide details of the premium paid.</p>	YES / NO	YES / NO
9	<p>ACC Payments:</p> <p>Did you make any payments to ACC?</p> <p><u>IF YES</u>, please attach a copy of the invoices.</p>	YES / NO	YES / NO

		Self	Partner
10	<p>Donations, Childcare or Housekeeper Rebates: Would you like us to file a rebate claim on your behalf? IF YES, please provide the following: Receipts for donations made, details of childcare or housekeeper payments Bank Account Number you would like your rebate direct credited to: _____ (mandatory).</p>	YES / NO	YES / NO
11	<p>Student Loan: Did you have a student loan during the year? IF YES, please provide the following: Student loan statements from IRD On the Statements mark any payments voluntary or otherwise Advise the opening balance.</p>	YES / NO	YES / NO
12	<p>Share Trading: Did you buy or sell shares regularly during the year? IF YES, please provide details on separate sheet.</p>	YES / NO	YES / NO
13	<p>Investments/Term Deposits Have you made or disposed of any investments or term deposits this year? IF YES, please provide details on a separate sheet.</p>	YES / NO	YES / NO
14	<p>Investment Borrowing: Did you borrow money for your investments during the year? IF YES, please provide details on separate sheet.</p>	YES / NO	YES / NO
15	<p>Land/Property Transactions: Did you sell any land or property during the year? IF YES, please provide details on separate sheet.</p>	YES / NO	YES / NO
16	<p>Overseas Investments: Did you have any overseas investments during the year? IF YES, please provide details on separate sheet. Did the business have any overseas investments worth more than \$50,000 NZ during the year? IF YES, please provide full details including copies of investment statements, income statements, prospectuses and other correspondence.</p>	YES / NO YES / NO	YES / NO YES / NO

		Self	Partner
17	<p>Partners Income:</p> <p>If we do not prepare your partner's return and you wish to file for family support, please advise the following:</p> <p>Partners Name: _____</p> <p>Partner's IRD Number: _____</p> <p>Partner's Income: \$ _____</p>		
18	<p>Child Support:</p> <p>Did you pay child support during the year?</p> <p>IF YES, please provide amount paid.</p>	<p>YES / NO</p> <p>\$ _____</p>	<p>YES / NO</p> <p>\$ _____</p>
19	<p>Financial Arrangements:</p> <p>Are you an individual investor with investments GREATER THAN \$1,000,000 or investment income greater than \$100,000?</p> <p>IF YES, please provide details on a separate sheet.</p>	<p>YES / NO</p>	<p>YES / NO</p>

THANK YOU FOR COMPLETING THIS CHECKLIST!



FAMILY ASSISTANCE

FORM E

AS FAMILY ASSISTANCE THRESHOLDS HAVE INCREASED SIGNIFICANTLY YOU MAY BE ENTITLED TO FAMILY ASSISTANCE THIS YEAR.

Please show names and birth dates of all children under the age of 18 not in full employment, or receiving benefits or Student Allowances, or 18 and still at school. This will enable us to calculate whether you have any entitlements due. Please supply Birth Certificates for any children born during the year or for whom you have not previously claimed Family Assistance. You may be entitled to the new "Parental Tax Credit" for children born after **1 October 2000**.

If your child left school during the year please advise the date of leaving school.

Name of Child	Date of Birth	IRD Number	Date left School
_____	___/___/___	____-____-____	___/___/___
_____	___/___/___	____-____-____	___/___/___
_____	___/___/___	____-____-____	___/___/___

Did you receive Family Assistance during the 2008/2009 year? **YES /**

NO

If **YES** please advise how much you have received: \$_____

Have you married, separated or otherwise changed your family circumstances during the year to 31 March 2009?

YES /

NO

Have you had a baby during the year?

YES /

NO

If yes, have you claimed the Parental Tax Credit or received Paid Parental Leave?

YES /

NO

Hours of work requirement for some Family Assistance

* In a single parent family you need to work 20 hours or more per week.

* In a two-parent family, your combined hours of work need to total 30 hours or more per week.

Does your family meet these requirements?

YES /

NO

If you and/or your spouse or partner **started or stopped working** or you started working the required hours after **1 April 2008** please enter the start and/or stop date.

You start ___/___/___ stop ___/___/___

Spouse or Partner start ___/___/___ stop ___/___/___

If you and/or your spouse or partner had more than one period of working the required hours, print the total number of times here.

You _____

Spouse or Partner _____