

Financial Statements Questionnaire – 31 March 2017

Ensure this questionnaire is completed and included with your records

Client Name	[Client Name]	IRD No:	[IRD Number]
		Phone:	
Balance Date	31 March 2017	Mobile:	
Email:		Fax:	

To: Wallace Diack Chartered Accountants Limited

Terms of Engagement

I/We hereby instruct Wallace Diack Chartered Accountants Limited to prepare my/our Financial Statements and Taxation Returns for the year/period ending 31 March 2017. I/We undertake to supply all information necessary to carry out such services, and will be responsible for the accuracy and completeness of such information. I/We understand that you will rely upon the information provided by me/us. Your services are not intended to, and accordingly will not result in the expression by you of an opinion on the Financial Statements in so far as third parties are concerned, or in the fulfilling of any statutory audit requirements. I/We understand that during preparation of the Financial Statements and Taxation Returns you will not be specifically investigating non-compliance with laws and regulations – however, should anything come to light of this nature during this process, you will bring that to my/our attention.

I/We understand that the Financial Statements and Taxation Returns are prepared for my/our own use and to determine my/our taxation liabilities. If this should change in any material respect, I/we will inform you immediately. You will not accept any responsibility to any person, other than me/us, for the contents of the Financial Statements. All other terms and conditions of this engagement are the same as those referred to in the original Engagement Letter I/we signed when I/we became a client. I/We also accept that you have the right to charge interest on overdue accounts at the rate of 1.5% per month, and that all accounts are due for payment by the 20th of the month following invoice date. The charging of such interest will be at your discretion. I/We accept that any collection costs you incur will be fully recoverable from me/us.

You are hereby authorised to communicate with my/our bankers, solicitors, finance companies and all government agencies to obtain such information as you require in order to complete the above assignments. I/We give authority to Wallace Diack Chartered Accountants Limited to act on my/our behalf for all tax types until further notice. Authority is given to obtain information from Inland Revenue and other financial institutions to enable my/our Financial Statements and Taxation Returns to be completed. This includes obtaining information via phone, fax, email or online services available on Inland Revenue’s website.

Please list names of individuals/Directors/Shareholders/Family members covered by this and the accompanying individual questionnaires.

Name: _____ Signature: _____
(IRD No. _____)

Name: _____ Signature: _____
(IRD No. _____)

Name: _____ Signature: _____
(IRD No. _____)

Name: _____ Signature: _____
(IRD No. _____)

Date: _____

Convenient time to call you is:	
Alternative phone numbers are:	
Would you like your finalised financial statements and taxation summaries posted or emailed?	Posted <input type="checkbox"/> Emailed <input type="checkbox"/> (Tick One or Both)
Would you like us to supply a copy to your bank?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Tick One)
If yes, please advise the name of your bank manager:	
Has the nature of your business changed during the past 12 months? If yes, please provide details:	

Records Required

Mixed Use Holiday Home

Does this entity have a property (holiday home/ bach) that is used privately and also to derive income? Yes No

If yes, please provide details and also complete the following section so we can determine the amount of allowable deductions:

Address: _____

Market value: \$ _____

Mixed Use Holiday Home – Information Required

- The number of days the property was rented/leased at or above market rates during the income year _____

- The number of days the property was used by family or associated persons* during the income year _____

- The number of days you or other parties spent cleaning/repairing the property during the income year _____

* Associated persons include close relatives, or if owned by an entity, persons associated with the entity owning the property

For non-associated persons where payment received is at least 80% of market value, please provide:

Name of tenant: _____ Dates rented (from/ to): _____

Relationship to owner (if any): _____ Amount of rent they paid: \$ _____

Expenses incurred in respect of the property (the list below is not exhaustive – details of all expenses will be required):

Cost of advertising for tenants \$ _____

Cost of repairing damages caused by tenants \$ _____

Mortgage interest \$ _____

Rates \$ _____

Insurance \$ _____

Repairs/maintenance for general wear and tear \$ _____

Other (please give details) _____

Mixed Use Boat or Plane

Does this entity have a boat/plane (market value >\$50,000), that is used privately and also to derive income? Yes No

If yes, please provide details and also complete the following section so we can determine the amount of allowable deductions.

Description: _____

Market value: \$ _____

Mixed Use Boat or Plane – Information Required

- The number of days the asset was rented/leased at or above market rates during the income year _____

- The number of days the asset was used by family or associated persons* during the income year _____

- The number of days you or other parties spent cleaning/repairing/transporting the asset during the income year _____

* Associated persons include close relatives, or if owned by an entity, persons associated with the entity owning the property

For non-associated persons where payment received is at least 80% of market value:

Number of days the asset was used: _____ Income received: \$ _____

Expenses incurred in respect of the property (the list below is not exhaustive – details of all expenses will be required):

Cost of advertising for hireage \$ _____

Cost of repairing damages caused by hireage \$ _____

Operating costs / supplies \$ _____

Insurance \$ _____

Repairs/maintenance for general wear and tear \$ _____

Other (please give details) _____

Thank you for completing this questionnaire - don't forget to sign it

Schedule 1 – Accounts Receivable (Debtors)
 Amounts owing to you at 31 March 2017

Client Name	[Client Name]
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Name of Debtor	Description of Sale	Code	Total Incl GST

Totals	
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Schedule 2 – Accounts Payable (Creditors)
 Amounts owing by you at 31 March 2017

Name of Creditor	Description of Goods	Code	Total Incl GST

Totals	
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