

BALANCED ACCOUNTING TARANAKI LTD
PO Box 391, Taranaki Mail Centre, New Plymouth 4340

CLIENT QUESTIONNAIRE **2024 INCOME TAX YEAR**

admin@batltd.co.nz

06 927-3173

For Salary and Wage Earners and/or Income derived from Interest, Dividends or Rents.

Client:

Client Code:

Address:

Cell Phone No:

Phone No:

Email:

To assist us in the completion of your personal taxation return would you please answer the following questions:

a) Income

Did you receive any of the following - if so, attach details

	GROSS	TAX PAID		GROSS	TAX PAID
Salary or Wages	-----	-----	National Super	-----	-----
Accident Compensation Earnings	-----	-----	Other NZ Pensions	-----	-----
Unemployment or other income tested benefits	-----	-----	Annuities & Super	-----	-----
Interest - Summarise Details on page 3	-----	-----	Rents - Summarise details on page 3	-----	-----
Dividends - Summarise details on page 3	-----	-----	Income from Estate/Trust/Partnership	-----	-----
Family Support Payments from Social Welfare	-----	-----	Income from Sale of Land/Business	-----	-----
Schedular Payments (formerly Withholding Pymts)	-----	-----	Income from Sale of Shares	-----	-----
Overseas Pensions	-----	-----	Any other income	-----	-----
			Foreign Super	-----	-----

TERMS OF ENGAGEMENT

I authorise you to prepare financial statements from the information and records I have supplied to you. I advise you not to complete an audit or review. I accept responsibility for the accuracy and completeness of all records and information supplied to you.

I acknowledge that you will charge for your work based on time engaged and that invoices issued by you are payable by the 20th of the month following the date of the invoice unless a special arrangement has been made in writing.

I also give you my full authority to contact my Bank, the Inland Revenue Department and any other firms for the purposes of obtaining information necessary to complete my return of income and financial statements. I acknowledge that this information would not otherwise be available due to the Privacy Act restrictions, but I give my full authority for this statement to be used as written confirmation of my agreement to your obtaining information from the Bank, IRD, ACC and other firms for the above mentioned purposes.

.....
PLEASE SIGN HERE

Date

b) Are you entitled to any of the following rebates:

Charitable donations or school fee Donation (attach receipts - over \$5)

Please advise the Bank Account name and number for rebates to be banked into;

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Name

Bank

Account number

c) Are you a trustee of an Overseas Trust or Estate? Yes/ No

If so please provide details of the Trust

Interest Received or Credited during the 2024 year

Name of Payer	Gross Interest	Withholding Tax

Dividends Received during the 2024 year

Name of Company	Gross Dividend	Withholding Tax	Imputation Credits

Rental Income Received

Property Address:

Rental Received (Period to)

\$

Expenditure

Rates \$

Insurance (Dwelling) \$

Repairs & Maintenance (attach Details) \$

Interest on Mortgage \$

Other - Please Specify \$

\$