

mackay  
bailey  
butchard



Chartered Accountants and  
Business Development  
Advisors

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**INFORMATION QUESTIONNAIRE**

**FOR**

**INDIVIDUAL & SELF EMPLOYED**

**TAX RETURN (IR 3)**

**FOR 2011 INCOME TAX YEAR**

**NAME:**

**Balance Date:**

**Have your contact details changed?**

**Phone:**

**Fax:**

**Mobile:**

**E-mail:**

**Postal address:**

Please take the time to work through this questionnaire thoroughly and action each point that is applicable to you. This will greatly assist us in the efficient preparation of your income tax return.

CHARTERED  
ACCOUNTANTS



Geoffrey Bailey  
Tania King  
James Nell  
Michael Woodward  
Consultant  
John Butchard  
Associate  
David Kennedy

**TERMS OF ENGAGEMENT**

I accept responsibility for the accuracy and completeness of the information supplied below which is to be used in the preparation of my income tax return and/or financial statements.

I also accept responsibility for all other records and information supplied to you other than those listed above. I accept responsibility for any failure by me to supply all relevant records and information to you.

**(The above statement is required by the New Zealand Institute of Chartered Accountants. Accounting Standard: "Compilation of Financial Information" (SES-2).**

I, the undersigned, authorise my accountants, Mackay Bailey Butchard Limited, to act on my behalf in dealings with the Inland Revenue Department on all tax types and activities.

I, the undersigned, authorise Mackay Bailey Butchard Limited to communicate with the appropriate bankers, solicitors, finance companies and other persons and organisations to obtain such further information as they may require to carry out the terms of engagement.

**(Due to the Privacy Act 1993 and the Tax Administration Act 1994 we require your written authorisation for us to discuss any tax matters with the Inland Revenue.)**

**Signature:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

**GENERAL**

**Review of your Insurance**

Have you reviewed the level of your life and income protection insurance cover recently? Yes / No

**Asset Protection and Succession Planning**

When were your wills last updated? \_\_\_\_\_

**Strategic Planning**

Do you need assistance defining your business goals? Yes / No

Does the ownership structure of your assets and investments need reviewing? Yes / No

**INCOME**

Income from the following sources will be supplied directly to us by the Inland Revenue:

- |                      |  |
|----------------------|--|
| Wages                | New Zealand Superannuation                         |
| Salary               | Taxable Accident Compensation Payments             |
| Directors Fees       | Taxable New Zealand Income Support Benefits        |
| Veterans Pension     | Family Support and Workplace Insurance Information |
| Withholding Payments |  |

Expenses incurred in earning withholding income can be claimed (where they have not been reimbursed). Please provide full details.

**OVERSEAS INCOME**

Did you receive any income from sources outside New Zealand during the year? Yes / No  
Do you own shares in a foreign company? Yes / No  
Do you own units in a foreign unit trust? Yes / No  
Do you have a foreign life insurance policy? Yes / No  
Do you have an interest in a foreign superannuation scheme? Yes / No  
If you answered yes to any of the above, please attach details.

**INTEREST AND DIVIDENDS** (New Zealand and Overseas)

Please supply us with all dividend and interest advice slips, including joint investments.  
Please provide full details of source and amount received. Dividend, interest and bonus issue advice slips are required to show interest withholding tax paid on your behalf and imputation tax credits available to you.

**INCOME UNDER \$9,880 - IMPORTANT**

If your taxable income is under \$9,880 please show the number of **weeks you worked 20 hours or more** during the year. \_\_\_\_\_

**CHILD TAX CREDIT**

Does either of the following apply to you?  
You were 14 years old or under  
You were 15, 16, 17 and still attending school  
You were 18 or you turned 18 on or after 1 January 2011 and continued to attend school Yes / No  
**Note:** This rebate does not apply to income from interest and/or dividends

**WORKING FOR FAMILIES TAX CREDITS**

Did you receive Working for Families Tax Credit payments during the year? Yes / No  
Please provide details of all children for whom a Family Tax Credit entitlement may be calculated:

<b>Name of Child</b>	<b>Date of Birth</b>	<b>Date Left School</b>
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____

For any children whom became eligible during the year, were you entitled to a Parental Tax Credit? Yes / No

Did any children become ineligible (left school, living with other carer) during the year? Yes / No

Have you married, separated or otherwise changed your family circumstances during the year to 31 March 2011? Yes / No

If so, please provide details

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Did you receive any maintenance payments from an ex-partner directly or via the IRD? Yes / No

If so, please supply details and amounts as applicable.

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Have any children under 18 years of age left school but continued their education at another institution? e.g university, polytechnic Yes / No

If so, please provide details of the institute attended and the commencement date

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Were you a full time wage/salary earner during the year? (20 hours + /week single parent or 30 hours +/week for two parents) Yes / No

If so, for how many weeks of the year? \_\_\_\_\_ weeks

If we do not prepare your spouse's tax return please provide details of their 2011 taxable income.

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#### **STUDENT LOAN**

Do you have a Student Loan? Yes / No

#### **OTHER INCOME**

**Rents received - please complete a separate Rental Questionnaire.**

**Partnership, Trusts or Estates, Overseas Income**

If you have received income from a Partnership, Trust or Estate, please supply details and advice notes received. If the financial statements are **not** being prepared by us alternatively advise us of the other Accountant's name and phone number.

**Name of Entity:** \_\_\_\_\_

Gross Taxable Interest Income: \$ \_\_\_\_\_ Tax Paid: \$ \_\_\_\_\_

Gross Dividends: \$ \_\_\_\_\_ Tax Paid: \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_ Tax Paid: \$ \_\_\_\_\_

**Other (please supply details)**

e.g Shares or Debentures in a Co-operative Society, Sundry - taxable allowance, cash jobs, tips or any other income

**EXPENSES**

Are you able to claim for any expenses paid during the year? Yes / No

If yes, please attach details.

The only expenses you can claim are:

A fee to someone for completing your tax return.

Commission on interest or dividend income (but not bank fees – they are a private expense).

Expenses incurred in earning income from which withholding tax has been deducted (IR13 income).

Additional expenses incurred in deriving partnership income, for example, interest on capital borrowed to purchase an interest in the partnership.

Interest on money you borrowed to buy shares or to invest – as long as the investment is expected to produce some taxable income.

Premiums on loss of earnings insurance; provided any payout from the insurance policy is taxable income.

**Thank you for completing this questionnaire. Please don't forget to sign where indicated on page 2.**

**TAX CREDITS FOR DONATIONS AND HOUSEKEEPER/CHILDCARE**

The Inland Revenue now has a new process and this is now filed at the same time as your tax return.

The refund must be paid directly into your bank account or, if you request on the claim form, it can be transferred to any income tax account. The Inland Revenue may also transfer the rebate credit against any tax arrears you have.

If you would like us to file the claim for you please supply all your donation and housekeeper/childcare receipts.

§ Total amount of your Donations to Charities (Please staple your donation receipts to the back of this form) \$ \_\_\_\_\_

§ Total amount you paid for Childcare and/or Housekeeper (while working) \$ \_\_\_\_\_

§ Was your income, before tax, less than \$2,500 Yes / No

§ Enter the bank account number you would like your rebate to be direct credited to :

Bank	Branch	Account Number	Suffix

**For Internal Use Only**

Client Name: