

mackay
bailey
butchard



Chartered Accountants and
Business Development
Advisors

Mackay Bailey Butchard Ltd
Level 4, 262 Oxford Terrace
P O Box 13311
Christchurch 8141
New Zealand

P 03 365 0129
F 03 379 3685
e mbteam@mbb.co.nz

w www.mbb.co.nz

INFORMATION QUESTIONNAIRE

FOR

PERSONAL RETURN OF INCOME

FOR 2009 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



Directors
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 Department.)

Signature: _____

Full Name: _____

Date Completed: _____

INCOME

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

Wages	New Zealand Superannuation
Salary	Accident Compensation Payments Taxable
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.

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.

**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 yes, please attach details.

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 REBATE

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 2008 and continued to attend school Yes / No

Note: This rebate does not apply to income from interest and/or dividends

FAMILY ASSISTANCE

Did you receive, or were you entitled to, Family Assistance during the year? Yes / No

Please provide details of children for whom Family Assistance may be calculated:

Name of Child	Date of Birth	Date Left School
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____

Have you married, separated or otherwise changed your family circumstances during the year to 31st March 2009? Yes / No

Have you paid or received maintenance to/from any person during the year? Yes / No
Please supply details.

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

If so, for how many weeks of the year? _____ weeks



If we do not do your spouse's tax return please provide details of their 2009 taxable income.

STUDENT LOANS

Did you receive a Student Loan during the year? Yes / No

OTHER INCOME

- a. Rents received - please ask us for a Rental Questionnaire if one has not been sent to you.**
b. 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: \$ _____

c. Other (please supply details)

Shares or Debentures in a Co-operative Society

Sundry - taxable allowance, cash jobs, tips or any other income

Details of Income or Loss in any special Partnership

EXPENSES

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

If yes, 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 shares 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 payouts from the insurance policy is taxable income.

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



REBATES FOR DONATIONS AND HOUSEKEEPER/CHILDCARE

This is filed on a separate form.

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 Department may also transfer the rebate credit against any tax arrears you have.

If you would like us to file the claim for you please bring us all your receipts and the claim form as soon as possible.

We will usually be able to do this straight away and file the claim for you.

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

§ Total amount you paid for Childcare (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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

For Internal Use Only

Client Name: