

2011 SUPPLEMENTARY TRADING TRUST QUESTIONNAIRE

Business Name:			
Financial Year Ended:	31 March 2011		
Contact Person:		Phone Number:	
Fax Number:		Email Address:	

Please answer all questions below. If "yes", please complete the relevant sections.

		YES	NO	If 'YES', please complete these sections
1	What accounting systems have you used during this financial year?			
	- A complete computerised accounting package (e.g. MYOB)?	<input type="checkbox"/>	<input type="checkbox"/>	1A
	- Bankconnect/BankLink?	<input type="checkbox"/>	<input type="checkbox"/>	1B
	- A manual system or no system?	<input type="checkbox"/>	<input type="checkbox"/>	1C
	- Perriam and Partners process my transactions internally during the year	<input type="checkbox"/>	<input type="checkbox"/>	
2	Are you registered for GST?	<input type="checkbox"/>	<input type="checkbox"/>	2
3	Do you want to claim a Home Office Allowance?	<input type="checkbox"/>	<input type="checkbox"/>	3
4	Have you paid Business Insurances?	<input type="checkbox"/>	<input type="checkbox"/>	4
5	Did you have any Loans, Hire Purchase or Lease Agreements during the year?	<input type="checkbox"/>	<input type="checkbox"/>	5
6	Do you claim/wish to claim for Motor Vehicle Expenses?	<input type="checkbox"/>	<input type="checkbox"/>	6
7	Did you have any Accounts Payable/Creditors (owed by you) at balance date?	<input type="checkbox"/>	<input type="checkbox"/>	7
8	Did you have any Accounts Receivable/Debtors (owed to you) at balance date?	<input type="checkbox"/>	<input type="checkbox"/>	8
9	Do you carry Stock/Inventory or have Work in Progress?	<input type="checkbox"/>	<input type="checkbox"/>	9
10	Do you employ staff/pay wages?	<input type="checkbox"/>	<input type="checkbox"/>	10
11	IN ALL CASES, PLEASE COMPLETE SECTION 11	<input type="checkbox"/>	<input type="checkbox"/>	11
12	What can we do to deliver a better service to you?	<input type="checkbox"/>	<input type="checkbox"/>	12
13	IN ALL CASES, PLEASE SIGN THE DECLARATION AT SECTION 13			13
Q1	Do you read our Newsletters?	<input type="checkbox"/>	<input type="checkbox"/>	
Q2	Do you find them informative?	<input type="checkbox"/>	<input type="checkbox"/>	

If you require any assistance please call us on - (03) 358-3108

or

*Take advantage of our one hour visit to your home/business to assist with getting your records together.
The cost is \$99.00 plus GST - this will include a folder and dividers.*

1A Computerised Accounting Systems / Computerised Cashbooks

What system are you using?

System	<input type="text"/>
Version	<input type="text"/>
Password	<input type="text"/>

Please provide the following records:

Enclosed N/A

- A backup disk for your financial year
- Copies of the following reports printed from your system:
 - Annual detailed General Ledger (if less than 20 pages)
 - Trial Balance as at Balance Date
 - Bank Reconciliations as at Balance Date including copies of Bank Statements.

* Please remove any passwords before backup to disk.

1B Banklink

Please provide the following:

Enclosed

- Copy of Bank Statement as at Balance Date

1C Manual / Electronic Cashbook or no system

Please provide the following records:

Enclosed N/A

- Your cashbook (if one is kept)
- Bank reconciliation as at balance date (if completed)
- Cheque books for the full year
- Bank Statements for the full year

If no cashbook has been kept, please ensure the following:

- That bank statements include the exact nature of all deposits and withdrawals including all cheques, automatic payments, direct debits and eftpos transactions.
- All cheque butts are completed in full

2 Goods and Services Tax (GST)

Note: If Perriam and Partners Ltd have prepared GST Returns on your behalf, please ignore this section

Please provide the following records:

Enclosed N/A

- A copy of all GST returns filed during the financial year
- A copy of **all workings** supporting the figures on your GST returns
- GST rate change adjustment calculation and list of payables and receivables as at 30 September 2010.

Be sure to include the GST Return ending 31 March 2011

3 Home Office Allowance

The annual total of the following expenses are required in order to complete the calculations:
(please do not write same as last year)

Rent (if property not owned)	<input type="text"/>	Valuation Fees re Mortgage	<input type="text"/>
Insurance	<input type="text"/>	Legal Expenses re Mortgage	<input type="text"/>
Repairs and Maintenance	<input type="text"/>	Interest (on Mortgage)	<input type="text"/>
Power and Gas	<input type="text"/>	Home Mortgage Balance _(as at 31/3/10)	<input type="text"/>
Rates and Water Rates	<input type="text"/>	Body Corporate Fees	<input type="text"/>
Security System (monitoring charges)	<input type="text"/>		

Note: if you have supplied details of your house and the area used for business purposes to Perriam and Partners Ltd in prior years, and the details have not changed, you do not need to supply the following information.

Total floor area of the house: m²

Total floor area used for business purposes: m²

4 Insurance

Please supply a copy of insurance invoices providing a breakdown of the premium/s paid for analysis of expense.

Insurer:	Nature of Insurance:	Annual Premium \$
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

5 Loans, Hire Purchase and Lease Agreements

Please provide the following records:

Enclosed N/A

- Copies of any agreements that have been entered into during the financial year
- Details of any agreements repaid or refinanced during the year
- Loan balance and interest summary as at balance date provided by your bank.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Please supply details of any increases/decreases in mortgage/loan balances, changes in security, alterations to repayment term and current interest rates.

Lender	Guarantor	Owing at Balance Date	Interest Rate	Term of Loan	Security
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please obtain this information from your bank if this is not already held/known.

6 Motor Vehicle Expenses

Is/are your vehicle/s used 100% for business?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If no:

What is the business use percentage of your vehicle?

Vehicle	%

* The business use percentage of a vehicle must be verifiable by a log book. A log book must be kept for a period of 90 consecutive days every **three years** unless you are paying FBT or the vehicle is classified as exempt from FBT. If you would like us to calculate the business use percentage from your log book, please enclose it with your records. If you have not kept a log book for any vehicle which has private use, the maximum deduction is 25% of the expenditure for that vehicle. You should keep appropriate records to support your claim.

Business use of any private vehicle? (please attach details)

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Comments:

7 Accounts Payable (Creditors)

Please provide the following records:

- A Payables Reconciliation Summary as at balance date printed from your accounting system **or**
- A detailed list of all amounts owing at balance date (GST inclusive) including name, type of expense and amount owing for each creditor

Enclosed	N/A
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

The total of all Accounts Payable as at balance date was:

\$	
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8 Accounts Receivable (Debtors)

Please provide the following records:

- A Receivables Reconciliation Summary as at balance date printed from your accounting system **or**
- A detailed list of all amounts due to you at balance date (GST inclusive) including name, nature of deposit and amount owing from each debtor

Enclosed	N/A
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

The total of all Accounts Receivable as at balance date was:

\$	
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Note : Bad debts must be written off before balance date if you do not consider them to be collectable.

Please provide value of bad debts written off

\$	
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12 What can Perriam and Partners do to provide a better service to you? Please take this opportunity to let us know.

13 DECLARATION

I accept responsibility for the accuracy and completeness of the information supplied in this questionnaire which is to be used in the preparation of my financial statements. You are not to complete an audit, nor do I wish you to undertake a detailed review of my affairs in order to substantiate the accuracy of my information, and therefore you are not asked to provide any assurance on my financial statements. I understand your work cannot be relied on to detect error and fraud and that you accept no liability for the accuracy and completeness of the information supplied by me. I further understand that the financial statements will be prepared at my request and for my purposes only and that you will not be liable for any losses, claims or demands by any third person.

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.

I hereby authorise Perriam and Partners Ltd to obtain from any third party any records or information you require for the purpose of preparing my Financial Statements and Income Tax Returns and accordingly any such third party is authorised to provide you with information required.

Signed	<input type="text"/>
Date	<input type="text"/>

Your time and effort in completing this form is much appreciated by the team at Perriam & Partners Ltd .