



We just love a good completed questionnaire!

2024 PERSONAL QUESTIONNAIRE

NAME:

E-MAIL ADDRESS:

CONTACT PERSON:

HOME PHONE NO:

MOBILE NO:

POSTAL ADDRESS:

RESIDENTIAL ADDRESS:

AUTHORITY AND TERMS OF ENGAGEMENT:

I hereby instruct you to prepare my Tax Return. 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.

You are authorised 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:

(Please enter full name if signing electronically, as this is an Inland Revenue requirement)

DATE:

Your time and effort in completing this form is much appreciated by the team at Perriams as it allows us to complete your Financial Statements more efficiently.

DON'T FORGET TO SIGN YOUR QUESTIONNAIRE
IT'S AN INLAND REVENUE REQUIREMENT

Please answer all questions below. If “yes” only then, please then complete the relevant sections on the following pages where applicable.

		Yes	No	Section
1	Did you receive any of the following types of income?			
	- Salary, wages or Accident Compensation payments?	<input type="checkbox"/>	<input type="checkbox"/>	1
	- A benefit of any sort, NZ Superannuation or Family Support	<input type="checkbox"/>	<input type="checkbox"/>	1
	- Withholding Payments	<input type="checkbox"/>	<input type="checkbox"/>	
2	Did you receive any interest or dividends?	<input type="checkbox"/>	<input type="checkbox"/>	2
3	Are you a shareholder or director of a company that Perriam and Partners Ltd does not act for (excluding shareholdings in publicly listed companies)?	<input type="checkbox"/>	<input type="checkbox"/>	3
4	Are you a Trustee for a Trust where the Settlor resides overseas?	<input type="checkbox"/>	<input type="checkbox"/>	
5	Do you have a Student Loan?	<input type="checkbox"/>	<input type="checkbox"/>	
6	Did you receive the Covid-19 Wage Subsidy, or other Covid-19 Support Payments?	<input type="checkbox"/>	<input type="checkbox"/>	
	If you did, please let us know how much and which business/businesses you claimed the Subsidy through.			
7	Did you receive any income from an Estate, Trust, Partnership or Business that Perriam and Partners Limited does not act for?	<input type="checkbox"/>	<input type="checkbox"/>	4
8	Did you receive any income from overseas or have any money in an overseas bank account or ANY other investments?	<input type="checkbox"/>	<input type="checkbox"/>	5
	Do you have an entitlement to benefits for any overseas superannuation scheme/pension fund?	<input type="checkbox"/>	<input type="checkbox"/>	5
	Do you have an entitlement to benefits from any foreign company, unit trust or life insurance policy?	<input type="checkbox"/>	<input type="checkbox"/>	5
9	Do you have any Portfolio Investment Entities (PIE's)?	<input type="checkbox"/>	<input type="checkbox"/>	6
10	Did you receive any of the following types of income?	<input type="checkbox"/>	<input type="checkbox"/>	7
	Income from the sale of real estate (apart from your personal residence)?	<input type="checkbox"/>	<input type="checkbox"/>	7
	- Income from the sale of any shares, bonds or other investments?	<input type="checkbox"/>	<input type="checkbox"/>	7
	- Income from any pension, annuity or superannuation scheme?	<input type="checkbox"/>	<input type="checkbox"/>	7
	- Any other income (for example royalties)?	<input type="checkbox"/>	<input type="checkbox"/>	7
11	Did you incur any expenses relating to earning your income? (e.g. interest on loans)	<input type="checkbox"/>	<input type="checkbox"/>	8
12	Did you make any donations during the year, e.g. to schools, church or charities?	<input type="checkbox"/>	<input type="checkbox"/>	9
13	Have you paid Premiums on Income Protection Insurance?	<input type="checkbox"/>	<input type="checkbox"/>	10
14	Are you in KiwiSaver?	<input type="checkbox"/>	<input type="checkbox"/>	N/A
15	Are you registered for Working for Families Tax Credits? If yes, please complete our WFFTC Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	WFFTC

16 We will now be sending tax payment notices via email.

If address is different from that provided on the front page, please specify:

17 Would you prefer to receive our newsletters via email or post?

E P

If address is different from that provided on the front page, please specify:

18 Would you prefer to receive your end of year Financial Statements electronically or as a bound copy via post?

E P

If address is different from that provided on the front page, please specify:

TAXATION REFUNDS

If you are anticipating a tax refund, please provide your full nominated **New Zealand** bank account details.

Bank Account Number: _____

Bank Account Name: _____

1 INCOME WITH TAX DEDUCTED

We will receive your 'Summary of Earnings' direct from Inland Revenue.

If you received Withholding Payments (for example, real estate commissions), you may be able to claim expenses against this income. If you wish to claim expenses, please provide details or contact us to discuss what you can claim.

Expense details

Enclosed/Attached

2 INTEREST AND DIVIDENDS

Please provide the following records:

- A copy of all interest statements received

- A copy of all dividend statements received

- Copies of reports from Portfolio Managers (if applicable)

Enclosed/Attached

3 SHAREHOLDINGS AND DIRECTORSHIPS

Please provide the following records, including totals of all income received or losses attributed for the financial year:

Name of Company	Directors Fees	Salaries	Share of LTC Income/Loss

4 Estate, Trust or Partnership Income

Please provide the following records, including totals of all income received or losses attributed for the financial year:

Name and Type of Entity	IRD Number	Amount	Tax Credits

5 OVERSEAS INCOME

Please provide copies of all dividend and interest statements, or reports from Portfolio Managers.

Please provide details of investments bought or sold during the year.

Please complete the details below if you have overseas investments so we can determine the correct tax treatment even if they do not pay dividends.

Do you have an entitlement to benefits from any overseas superannuation scheme/pension fund? If so, please provide details.

Do you have an entitlement to benefits from any foreign company, unit trust or life insurance policy. If so, please provide details as additional disclosures may be required.

Investment Company Name	Company's Country of Residence	Date Purchased	Original Cost Price of Shares or Units	At the beginning of your income year*	
				No of Shares or Units held	Market Values (If known)

For March 2024 balance dates this would be the number of shares or units held and market values as at 1 April 2023.

6 PORTFOLIO INVESTMENT ENTITIES (PIE's)

Please provide copies of all statements received in relation to these investments throughout the year.

Yes No

7 OTHER INCOME

Please provide full details of any other income you have received during the year and attach any related documentation.

Description of Income	Amount
	\$
	\$

8 EXPENSES

Please provide details below (examples include fees paid to an investment advisor or interest on funds borrowed to invest in shares).

Description of Expense	Amount
	\$
	\$

9 DONATIONS / – E.G. TO SCHOOLS, CHURCH OR CHARTIABLE ORGANISTIONS

If you would like us to complete your rebate claim, please attach all your donation receipts to this questionnaire. You must have a receipt in order to claim a rebate.

Yes No

Do you require us to complete your rebate form?

10 INCOME PROTECTION

The premiums payable on income protection policies **may** be deductible as an expense in your tax return. Your insurance company should have provided you with **an annual confirmation of premiums paid**. Please provide details of your policy/copy of your policy document and/or contact details of your Insurance Broker.

Is your policy an “agreed amount”? Yes No

Enclosed/Attached

Annual confirmation of premiums paid/invoice:

Company **Amount Paid**

_____ \$ _____

11 GENERAL

If there are any other matters, not included above which you feel might be relevant in determining your tax position, please note them here:

2024 WORKING FOR FAMILIES TAX CREDITS/SUPPLEMENTARY QUESTIONNAIRE

NAME:

SIGNED:

DATE:

1 WORKING FOR FAMILIES TAX CREDITS

Please provide the following information to allow us to calculate your entitlement:

Spouse's Name:	
Spouse's IRD Number:	
Spouse's Taxable Income:	
Spouse's D.O.B.	

Names of Children	Date of Birth	IRD Number	Date Child Left School

If any of the children do not have an IRD number, please complete an IR595 form which is available from the AA or Postshops. Alternatively this could be downloaded from Inland Revenue's website. If you would like Perriams to attend to this on your behalf, please let us know.

Number of weeks that you and/or your spouse worked 30 hours or more during the year or 20 hours yourself only:

Child Support

Please provide the amount received during the year.

\$ _____

	Yes	No
Is there a shared care arrangement?	<input type="checkbox"/>	<input type="checkbox"/>
Have there been any changes in family circumstances during the year (eg marriage, separation)? If yes please provide details, date and nature of change.	<input type="checkbox"/>	<input type="checkbox"/>

WFFTC

Types of income that are included as family income for WFFTC purposes.

Please supply details of income from the following sources:

- a. Are you a settlor for any Trust that we do not act for? Any trust income retained in a Trust as Trustees income must be included as family income for WFFTC. \$ _____
- b. Details of any Fringe benefits for whom you are a shareholder employee and hold 50% or more of the voting right in a Company that we do not act for? \$ _____
- c. PIE income. Please include income details for all PIE investments. \$ _____
- d. Income of dependent children. Passive income of the children is included as WFFTC income if the children received over \$500 a year per child from the following sources:
- | | |
|----------------------|----------|
| Interest & Dividends | \$ _____ |
| Royalties | \$ _____ |
| Rent | \$ _____ |
| Beneficiary income | \$ _____ |
- e. Income from Non-resident spouse. If your spouse or partner, who is not a tax resident, is earning an overseas income then their worldwide income is now part of family income for WFFTC. \$ _____
- f. Pensions and Annuities. This includes 50% of the amount of pension or annuity payments from Life Insurance policies or superannuation fund (excluding NZ Super). \$ _____
- g. Other payments. These are payments from any other person or entities that are used for the family's day-to-day living expenses. If the total amount of these payments is more than \$5,000 for the tax year, then the total amount of these payments must be included for WFFTC. A payment is considered to be used to meet day-to-day living expenses if it is:
- replacing lost or reduced income (e.g. payments from an insurance policy that covers loss of earnings/employment)
 - used to pay regular debts (e.g. car payments, hire purchases, mortgage, loans)
 - used to meet the family's usual living expenses (e.g. monthly phone or power bill)
 - paid directly by another person on behalf of the principal caregiver, or their family members, for regular expenses (e.g. paying the power, phone, gas bills directly).
- \$ _____
- h. Salary in exchange for private use of motor vehicle
Did you accept a lower salary in exchange for the use of a business vehicle?
What is the amount of salary forgone? \$ _____
- i. Use of Employer Credit facilities or vouchers from Employer
Have you received any goods/services from your employer that you have not reimbursed your employer for?
Have you received any vouchers (e.g. petrol) from your employer that is addition to your salary? \$ _____

THANK YOU

Lastly, you've got this far, so many thanks for completing this questionnaire.