

# Financial Statements Questionnaire – 2020

Ensure this questionnaire is completed and included with your records

Client Name		Phone:	
Balance Date		Mobile:	
		Email:	

To: Leslie & O'Donnell Limited

## Terms of Engagement

I/We hereby instruct you to prepare my/our Financial Statements and Taxation Returns for the 2020 Financial year/period. I/We undertake to supply all information necessary to carry out such services and will be responsible for the accuracy and completeness of such information. I/We understand that you will rely upon the information provided by me/us. Your services are not intended to, and accordingly will not result in the expression by you of an opinion on the Financial Statements in so far as third parties are concerned, or in the fulfilling of any statutory audit requirements. I/We understand that during preparation of the Financial Statements and Taxation Returns you will not be specifically investigating non-compliance with laws and regulations – however, should anything come to light of this nature during this process, you will bring that to my/our attention.

I/We understand that the Financial Statements and Taxation Returns are prepared for my/our own use and to determine my/our taxation liabilities. If this should change in any material respect, I/we will inform you at once. You will not accept any responsibility to any person, other than me/us, for the contents of the Financial Statements.

All other terms and conditions of this engagement are the same as those referred to in the original Engagement Letter I/we signed when I/we became a client.

I/We also accept that you have the right to charge interest on overdue accounts at the rate of 1.5% per month, and that all accounts are due for payment by the 20th of the month following invoice date. The charging of such interest will be at your discretion. I/We accept that any collection costs you incur will be fully recoverable from me/us.

You are hereby authorised to communicate with my/our bankers, solicitors, finance companies and all government agencies to obtain such information as you require in order to complete the above assignments. I/we authorise you to obtain information from Inland Revenue about all tax types except child support (NCP or CPR) in order to complete the above assignments. This includes obtaining information through all Inland Revenue media and communication channels.

I/We have also instructed you to prepare our GST Returns on a regular basis. I/We accept that it is my/our responsibility to advise you of all relevant transactions on a timely basis as well as obtain valid tax invoices that comply with the GST legislation.

You are to represent me/us as my/our tax agent. All income tax returns will be signed by me/us however you are authorised to sign any other taxation return on behalf of myself/ourselves or any of my/our associated entities.

Name	IRD Number	Signature	Date

**Under the Companies Amendment Act 2014 there is now a requirement for all directors to provide their place of birth and date of birth AND in addition, there must be at least one director that either lives in New Zealand; or lives in Australia and is a director of a company incorporated in Australia:**

Director	Date of birth	City / Town of birth	Country of birth	Current residential address

Convenient time to call you is:	
Alternative phone numbers are:	
When do you want your accounts completed by?	
Would you like us to supply a copy to your bank?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Tick One)
If your accounts are to be supplied to your bank, please advise the name and email address of your current bank manager:	
Has the nature of your business changed in any way during the past 12 months? If yes, please provide brief details.	

<b>Records Required:</b>	✓	<b>Comment:</b>
<b>Employer – Wages paid to Employees</b>		
Please send a month by month summary of gross wages and PAYE deductions as returned to the IRD <b>OR</b> Send a copy of your Employer Monthly Deduction Schedules (IR 348).	<input type="checkbox"/> <input type="checkbox"/>	
<b>Fringe Benefit Tax (FBT) Returns</b>		
Supply copies of Fringe Benefit Tax (FBT) returns and work papers.	<input type="checkbox"/>	
<b>Final Bank Statement</b>		
Supply a copy of your bank statement including any savings, call or term deposit accounts dated 2020 Financial year/period or spanning this date.	<input type="checkbox"/>	
<b>Loan Statements</b>		
Supply a copy of any loan transaction statements for the financial year up to your balance date.	<input type="checkbox"/>	
<b>Interest and Dividend Certificates</b>		
Supply copies of certificates.	<input type="checkbox"/>	
<b>Accounts Receivable (Debtors) – see attached Schedule 1</b>		
All accounts or amounts owing to you at balance date should be scheduled. <b>Exclude</b> bad debts. To enable bad debts to be excluded from income, these must be written off prior to balance date.	<input type="checkbox"/>	Total at Balance Date: \$ _____ GST Included <input type="checkbox"/> Excluded <input type="checkbox"/>
<b>Accounts Payable (Creditors) – see attached Schedule 2</b>		
All accounts or amounts owing by you at balance date should be scheduled indicating name of creditor, amount and what the debt is for. Alternatively, mark on cheque butts or highlight in cash book those items in the month following your balance date, which should be included. Holiday pay or bonuses paid within 63 days of your balance date may be included.	<input type="checkbox"/>	Total at Balance Date: \$ _____ GST Included <input type="checkbox"/> Excluded <input type="checkbox"/>
<b>Cash on Hand</b>		
*Cash on Hand                   \$ _____                   Date banked __/__/__	<input type="checkbox"/>	
Petty Cash                         \$ _____	<input type="checkbox"/>	
Till Floats/Cash Floats         \$ _____	<input type="checkbox"/>	
*(Include cash sales prior to balance date but not banked until after balance date)		
<b>Stock on Hand</b>		
<b>Stock</b> Stock should be physically counted at balance date and adequate records retained to substantiate the dollar value arrived at.  Please note that if you estimate your stock to be less than \$10,000 at the end of your income year, you may have the option of not physically counting your stock. In these circumstances we will assume that your closing stock is the same as your opening stock. Please indicate if you would like to use this option. (Please note that if your annual turnover is more than \$1.3million, you are not able to use this option)	<input type="checkbox"/> <input type="checkbox"/>	Valued at lower of: ▪ cost <input type="checkbox"/> ▪ net realisable value <input type="checkbox"/> ▪ market value <input type="checkbox"/> \$ _____ GST Included <input type="checkbox"/> Excluded <input type="checkbox"/>
<b>Work in Progress</b> Include material costs, labour costs and overhead costs. Briefly, how was this calculated? _____	<input type="checkbox"/>	\$ _____ GST Included <input type="checkbox"/> Excluded <input type="checkbox"/>
<b>Prepayments received</b>	<input type="checkbox"/>	\$ _____ GST Included <input type="checkbox"/> Excluded <input type="checkbox"/>

<b>Records Required:</b>	✓	<b>Comment:</b>
<b>Capital Expenditure</b>		
<p>Attach details of assets purchased or sold during the year such as motor vehicles, plant and equipment and properties. Where applicable please provide the following details:</p> <ul style="list-style-type: none"> <li>▪ Hire purchase or loan agreements</li> <li>▪ Lease agreements</li> <li>▪ All legal statements and agreements</li> <li>▪ Trade-in details</li> <li>▪ Lost, stolen or scrapped items</li> <li>▪ Copy of Tax Invoices</li> </ul> <p>A copy of last year's Asset and Depreciation Schedule is attached for your information. We suggest you review the schedule and indicate any assets that no longer exist.</p>	<input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Transactions Not Through the Business</b>		
<p>Were all sales banked into your business trading bank account? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If No, list amounts not banked and when they were lodged:</p> <p>_____</p> <p>_____</p> <p>_____</p>		<p>Personal                 \$ _____</p> <p>Business                \$ _____</p> <p>Other                     \$ _____</p>
<b>Legal and Loan Documents</b>		
<p>Please attach any solicitor's statements and Sale and Purchase Agreements relating to any legal transactions during the year. Please also include Statements and Agreements relating to any mortgages, hire purchase, leases or loans. Please include a copy of your latest Rateable Valuation for any properties you own.</p>	<input type="checkbox"/>	
<b>Business Expenses</b>		
<p>There are a number of invoices that we specifically require. Please ensure the records you provide us with include all paid accounts for:</p> <ul style="list-style-type: none"> <li>▪ Insurance premiums</li> <li>▪ Legal fees</li> <li>▪ ACC payments and arrangements</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Private Use</b>		
<p>Value of goods taken for private use at their <b>cost</b> price.</p>	<input type="checkbox"/>	<p>\$ _____</p> <p>GST Included <input type="checkbox"/> Excluded <input type="checkbox"/></p>
<b>Expenses paid in Cash or from Personal Funds</b>		
<p>Please provide a list if applicable.</p>	<input type="checkbox"/>	
<b>Related Parties Payments</b>		
<p>Has the Company made any payment of expenses or wages to any associated persons within two degrees of blood relationship? (This would be a payment made to the children, grandchildren, parents, grandparents, or siblings of the directors / shareholders of the company). Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide details below of who was paid, the date and amount of the payments, and what the payments relate to. Please also advise if the associated person was paid via another entity rather than personally.</p> <p>Were any advances/loans made to or received from any associated persons or entities during the financial year? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide details of the advances made, to whom, the date completed, any repayments made and the closing balance as at year end.</p>		



**Mixed Use Holiday Home continued**

Expenses incurred in respect of the property (the list below is not exhaustive – details of all expenses will be required):

Cost of advertising for tenants \$ \_\_\_\_\_  
Cost of repairing damages caused by tenants \$ \_\_\_\_\_  
Number of days spent in the property while repairing damages caused by tenants \_\_\_\_\_  
Mortgage interest \$ \_\_\_\_\_  
Rates \$ \_\_\_\_\_  
Insurance \$ \_\_\_\_\_  
Repairs/maintenance for general wear and tear \$ \_\_\_\_\_  
Other (please give details) \_\_\_\_\_  
\_\_\_\_\_

**Mixed Use Boat or Plane**

Does this entity have a boat or plane (with a market value of \$50,000 or greater), that is used privately and also to derive income? Yes  No

If Yes, provide details:

Description: \_\_\_\_\_

Market value: \$ \_\_\_\_\_

Was the asset unused for 62 days in the income year? Yes  No   
If yes, please complete the following section so we can determine the amount of allowable deductions.

**Mixed Use Boat or Plane – Information Required**

The number of days the asset was **unused** during the income year \_\_\_\_\_

The number of days the asset was used by family or associated persons\* during the income year \_\_\_\_\_

OR where income from any person received was less than 80% of market rate \_\_\_\_\_

\* Associated persons include close relatives, or if owned by an entity, persons associated with the entity owning the property

For non-associated persons where payment received is at least 80% of market value:

Number of days the asset was used: \_\_\_\_\_

Income received: \$ \_\_\_\_\_

Expenses incurred in respect of the property (the list below is not exhaustive – details of all expenses will be required):

Cost of advertising for hireage \$ \_\_\_\_\_  
Cost of repairing damages caused by hireage \$ \_\_\_\_\_  
Operating costs / supplies \$ \_\_\_\_\_  
Insurance \$ \_\_\_\_\_  
Repairs/maintenance for general wear and tear \$ \_\_\_\_\_  
Other (please give details) \_\_\_\_\_  
\_\_\_\_\_

***Thank you for completing this questionnaire  
Please don't forget to sign it on page 1***



