

Financial Statements Questionnaire – 2017

Ensure this questionnaire is completed and included with your records

| | | | |
|--------------|--|--------|--|
| Client Name | | Phone: | |
| Balance Date | | Fax: | |
| | | 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 2017 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 immediately. 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.

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 |
|------|------------|-----------|------|
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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 |
|----------|---------------|----------------------|------------------|-----------------------------|
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| Records Required | ✓ | Comment |
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| Bank Statements, Cheque butts, Cashbooks, etc | | |
| Where no Cashbook is supplied, please provide and include one month past balance date: <ul style="list-style-type: none"> ▪ Bank statements including any savings account or term deposit ▪ Cheque & Deposit butts showing the nature of each payment/deposit ▪ Receipt books. Make sure any items not for business sales are clearly marked ▪ Suppliers' invoices filed in cheque number order, include Dairy Company, Kiwifruit or Horticulture agents, Farmlands, Stock and Station Agents | <input type="checkbox"/> | |
| Where you supply a written Cashbook , please provide and include one month past balance date: <ul style="list-style-type: none"> ▪ Cashbook, written up, analysed and reconciled to the bank statements monthly ▪ Bank statements including any savings account or term deposit ▪ Cheque & Deposit butts showing the nature of each payment/deposit ▪ Statements from Dairy Company, Kiwifruit or Horticulture agents, Farmlands, Stock and Station Agents | <input type="checkbox"/> | |
| Where you supply a computerised Cashbook , please provide: <ul style="list-style-type: none"> ▪ Backup disk as at the end of financial year or email files to us ▪ Copy of Bank Reconciliation as at balance date for all bank accounts ▪ Final Bank Statement for year for all bank accounts ▪ Transaction Listing for Accounts Payable and Accounts Receivable as at balance date ▪ Statements from Dairy Company, Kiwifruit or Horticulture agents, Farmlands, Stock and Station Agents, including one month past balance date | <input type="checkbox"/> | |
| Loan Statements | | |
| Supply a copy of any loan transaction statements for the financial year up to your balance date. | <input type="checkbox"/> | |
| Employer – Wages paid to Employees | | |
| Please send a month-by-month summary of gross wages and PAYE deductions as returned to the IRD. OR Send a copy of your Employer Monthly Deduction Schedules (IR 348). Supply details of any allowance made for employees boarding / renting a house on the property. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Fringe Benefit Tax (FBT) Returns | | |
| Supply copies of Fringe Benefit Tax (FBT) returns and work papers. | <input type="checkbox"/> | |
| Goods & Services Tax (GST) Returns | | |
| Please supply your copies of Goods & Services Tax (GST) returns and work papers. | <input type="checkbox"/> | |
| Interest and Dividend Certificates | | |
| Supply copies of certificates. | <input type="checkbox"/> | |
| Accounts Receivable (Debtors) – see attached Schedule 1 | | |
| All accounts or amounts owing to you at balance date should be scheduled. Exclude bad debts. To enable bad debts to be excluded from income, these must be written off prior to balance date. Note: Include any dairy statements, which are receivables in the month following balance date. | <input type="checkbox"/> | Total at Balance Date: \$ _____ GST Included <input type="checkbox"/> Excluded <input type="checkbox"/> |
| Accounts Payable (Creditors) – see attached Schedule 2 | | |
| 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"/> |
| Cash Income Not Banked During Year | | |
| Proceeds received but not paid into your bank account or stock firm. | <input type="checkbox"/> | _____ \$ _____ _____ \$ _____ |

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|--|----------------------------------|--------------------------|--|
| Records Required | | ✓ | Comment |
| Research and Development | | | |
| If this entity is a company, have you spent significant amounts on research and development during the income year? If so, provide ledger accounts and details of expenditure | | <input type="checkbox"/> | |
| Motor Vehicles | | | |
| The proportion of motor vehicle business use as established by your vehicle log book(s) is/are: | | | <input type="checkbox"/> |
| Vehicle Description _____ | Vehicle Description _____ | | |
| Business _____ km | Business _____ km | | |
| Total _____ km | Total _____ km | | |
| Percentage Business _____ % | Percentage Business _____ % | | |
| <ul style="list-style-type: none"> Please note that a detailed and accurate log book must be completed for a three month period every three years or vehicle expense claims will be limited to a maximum of 25% of expenses incurred. If you are operating as a Company, please indicate which vehicles you are currently paying Fringe Benefit tax for: _____ _____ | | | |
| Mixed Use Holiday Home | | | |
| Does this entity have a property (such as a holiday home or a bach) that is used privately and also to derive income? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | <input type="checkbox"/> |
| If yes, provide details of property: _____ _____ | | | |
| Was the property empty for 62 days in the income year? If yes, please complete the following section so we can determine the amount of allowable deductions. | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Mixed Use Holiday Home – Information Required | | | |
| The number of days the property was empty 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 | | | |
| If there is more than one tenant who used the property through the year, please attach details. | | | <input type="checkbox"/> |
| Name of tenant: _____ | | | |
| Relationship to owner (if any): _____ | | | |
| Amount of rent they paid: \$ _____ | | | |
| Dates rented (From: To) _____ | | | |
| Expenses incurred in respect of the property (the list below is not exhaustive – details of all expenses will be required): | | | <input type="checkbox"/> |
| 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
Don't forget to sign it**

Schedule 1 – Accounts Receivable (Debtors)

Amounts owing to you at 2017 Year End

| | |
|-------------|--|
| Client Name | |
|-------------|--|

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| | |
|---------------|--|
| Totals | |
|---------------|--|

Schedule 2 – Accounts Payable (Creditors)

Amounts owing by you at 2017 Year End

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|-------------|--|
| Client Name | |
|-------------|--|

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| | |
|---------------|--|
| Totals | |
|---------------|--|

