

# Financial Statements Questionnaire – 2021

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 2021 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.

I/We understand in providing services to me/us, Leslie & O'Donnell access and utilise selected services and products from third parties that facilitate your ability to provide these services. Specific examples of this are cloud based software like Xero and email and collaboration platforms like Microsoft. All of these services are provided to Leslie & O'Donnell to enable them to better service us. In utilising these services my/our personal information is provided into these platforms or given to the service providers solely to enable them to undertake services to me/us. My personal information is not to be used by any of these providers for any other purpose other than the preparation of our financial statements. If I/we have any concern about the use of third party and cloud based services, I/we will discuss this with Leslie & O'Donnell. Depending on the concern, I understand this may impact on your ability to provide the requested services to me/us.

In addition to the above, you may use my/our personal information, such as address, or contact details or broad business profile, to provide me/us with industry information or to introduce additional services that you offer. You may send written or electronic communications, or newsletters, or invitations to events etc. If at any time I/we do not wish to receive this information I/we can contact Leslie & O'Donnell and advise and you will not send any additional information.

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 20<sup>th</sup> 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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|      |            |           |      |

**If a Trustee is a Company:**

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 | Email Address | Current residential address |
|----------|---------------|----------------------|---------------|-----------------------------|
|          |               |                      |               |                             |
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| 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"/> |
| If your accounts are to be supplied to your bank, please advise the name and email address of your current bank manager: |  |



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| <b>Legal and Loan Documents</b>  |  |
| 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. | <input type="checkbox"/>   |
| <b>Business Expenses</b>   |  |
| There are a number of invoices that we specifically require. Please ensure the records you provide us with include all paid accounts for:  | <input type="checkbox"/>   |
| <ul style="list-style-type: none"> <li>▪ Insurance premiums</li> <li>▪ Legal fees</li> <li>▪ ACC payments and arrangements</li> </ul>  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| <b>Gifting Programme</b>   |  |
| Please advise the date of gifts made to your trust during the financial year. If you have copies of the gifting documentation from your solicitor, please attach this.   | <input type="checkbox"/>   |
|  | Date of Gift _____   |
| <b>Major Transactions</b>  |  |
| Please provide a list of any major transactions that have occurred during the financial year that affect the Trust.  | <input type="checkbox"/>   |
|  | _____<br>_____<br>_____  |
| <b>Residential Land Withholding Tax</b>  |  |
| Have you sold residential property in New Zealand where Residential Land Withholding Tax has been deducted and paid to the IRD? If so, provide details e.g. IR1100 Residential land withholding tax return and other sale and purchase documents.  | <input type="checkbox"/>   |
| <b>Related Parties Payments</b>  |  |
| Were any advances/loans made to or received from any associated persons or entities during the financial year? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>   |  |
| 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.  |  |
| <b>Mixed Use Holiday Home</b>  |  |
| Does this entity have a property (such as a holiday home or a bach) that is used privately and also to derive income? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>  | <input type="checkbox"/>   |
| If yes, provide details of property: _____   |  |
| _____  |  |
| Was the property empty for 62 days in the income year? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>   | <input type="checkbox"/>   |
| If yes, please complete the following section so we can determine the amount of allowable deductions.  |  |
| <b>Mixed Use Holiday Home – Information Required</b>   |  |
| 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.  |  |
| Name of tenant: _____  | <input type="checkbox"/>   |
| Relationship to owner (if any): _____  |  |
| Amount of rent they paid: \$ _____   |  |
| Dates rented (From: To) _____  |  |
| <i>Continued on next page...</i>   |  |

**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.**

Schedule 1 – Accounts Receivable (Debtors)  
 Amounts owing to you at 2021 Year End

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

| Name of Debtor | Description of Sale | Code | Total Incl GST |
|----------------|---------------------|------|----------------|
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|---------------|--|
| <b>Totals</b> |  |
|---------------|--|

Schedule 2 – Accounts Payable (Creditors)  
 Amounts owing by you at 2021 Year End

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| Name of Creditor | Description of Goods | Code | Total Incl GST |
|------------------|----------------------|------|----------------|
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|---------------|--|
| <b>Totals</b> |  |
|---------------|--|