

## 2024 Personal Questionnaire

Name:	
Email:	
Phone:	
IRD number:	
Date of birth:	
Names of children & years of birth:	
Bank account no (for IRD refunds):	

Please check the list below to ensure you have provided all the applicable information. Incomplete information may cause processing delays and an increase in cost.

Records Required	Comment						
<b>Wages/National Superannuation/Benefits</b>							
Please tick if applicable: <ul style="list-style-type: none"> <li>▪ Wages</li> <li>▪ ACC payments</li> <li>▪ National Superannuation</li> </ul> Please note that we can obtain details of all PAYE income direct from IRD.	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No						
<input type="checkbox"/> Yes	<input type="checkbox"/> No						
<input type="checkbox"/> Yes	<input type="checkbox"/> No						
<b>Interest and Dividends</b>							
<ul style="list-style-type: none"> <li>▪ For interest received, please supply a copy of RWT certificates showing the withholding tax deducted.</li> <li>▪ If any dividends, please supply a copy of dividend statements</li> </ul>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No						
<input type="checkbox"/> Yes	<input type="checkbox"/> No						
<b>Rental Property</b>							
If you have a rental property, please complete a separate rental questionnaire							

Records Required	Comment												
<b>Covid-19 Wage Subsidy and Small Business Loan</b>													
<p>Have you received any Covid-19 wage subsidy and/or any other Covid-19 support payments during the year? If yes, please note all dates and receipts.</p>         <p>Have you repaid any Covid Subsidies?</p>  <p>Have you received the Government Small Business Loan?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/></td> <td style="border: none;">Date: _____ \$: _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Date: _____ \$: _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Date: _____ \$: _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Date: _____ \$: _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Date: _____ \$: _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Date: _____ \$: _____</td> </tr> </table>	<input type="checkbox"/>	Date: _____ \$: _____	<input type="checkbox"/>	Date: _____ \$: _____	<input type="checkbox"/>	Date: _____ \$: _____	<input type="checkbox"/>	Date: _____ \$: _____	<input type="checkbox"/>	Date: _____ \$: _____	<input type="checkbox"/>	Date: _____ \$: _____
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<b>Overseas Income</b>													
<p>Please provide details of:</p> <ul style="list-style-type: none"> <li>▪ Any overseas interest, dividends, wages received, and taxation paid.</li> <li>▪ Any overseas investments held at any time during the financial year.</li> </ul> <p>Please attach all of your investment advisors' reports.</p> <p>Have you at any point in your lifetime contributed to a foreign superannuation scheme, even if you cannot receive the benefits until you retire?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<b>Partnerships, Trusts, Estates and Companies</b>													
<p>Please provide details of income earned from any entity for which we do not prepare the accounts and tax returns</p>													
<b>Any Other Income</b>													
<ul style="list-style-type: none"> <li>▪ Did you have in place any Income Protection Policies? - If "Yes" provide details of premiums and claims.</li> <li>▪ Have you been allocated a share of a loss of any Look Through Companies (other than from a company that we are aware of)- If "Yes" please provide details.</li> <li>▪ Did you receive non-taxable income from any other sources? - If yes, please provide details.</li> </ul>	<table style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
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<input type="checkbox"/> Yes	<input type="checkbox"/> No												
<input type="checkbox"/> Yes	<input type="checkbox"/> No												

<b>Mixed Use Holiday Home</b>	
<p>Do you have a property (such as a holiday home or a bach) that is used privately and also to derive rental or BnB income?</p> <p>If yes, provide address of the property:</p>  <p>Was the property empty for 62 days in the income year?</p> <p>If yes, please complete the following section so we can determine the amount of allowable deductions.</p> <p>The number of days the property was <b>empty</b> during the income year</p> <p>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.</p> <p>* Associated persons include close relatives, or if owned by an entity, persons associated with the entity owning the property.</p> <p>The number of days the property was rented at market rate:</p> <p>Please also complete a separate Rental Questionnaire, available on our website.</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>_____ days</p> <p>_____ days</p> <p>_____ days</p>
<b>Mortgage Interest Paid on Residential Property</b>	
<p>Have you incurred interest on residential properties owned (which is not your main family home or a 'new build*')? Is the interest also against properties other than residential rentals? If so, please provide details of amount of interest and dates paid.</p> <p>* A new build is a self-contained residence that receives a Code Compliance Certificate confirming the residence was added to the land on or after 27 March 2020.</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>

<b>Donations</b>		
<p>Would you want us to complete your rebate claim form?</p> <p>If so, please attach receipts for all donations.</p>		<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<b>Residential Land Withholding Tax</b>		
<p>Have you sold residential property in New Zealand where Residential Land Withholding Tax has been deducted and paid to the IRD?</p> <p>If so, provide details e.g. IR1100 Residential land withholding tax return and other sale and purchase documents.</p>		<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<b>Residential Property Sales</b>		
<p>Have you sold any residential property during the year (not otherwise detailed on the information provided)?</p> <p>If yes, when was the property purchased and sold?</p>		<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Date Purchased: Date Sold:</p>
<b>Cryptocurrency</b>		
<p>Have you received or traded in cryptocurrency (or similar) during the income year?</p> <p>If so, please provide full details of the type, dates, amounts in NZD, units traded and units held at year end.</p>		<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>

## 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 Phibbs & Co. Limited 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.

I give authority to Phibbs & Co Limited to act on my behalf for all tax types (except child support). Authority is given to obtain information from Inland Revenue about all tax types (except child support). This includes obtaining information through all Inland Revenue media and communications channels.

Name:

Date:

Signed: